

Name  
in  
Full

Rodney G Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bartles</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar.</u>	Day <u>23</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Alleg. Co</u>			
Occupation <u>L</u>	Where Residing if not at place of death <u>L</u>				
Married, Single or Widowed <u>L</u>	Name of Wife or Husband <u>L</u>				
Father's Name <u>Wm. Andrews</u>	Father's Birthplace <u>Alleg. Co.</u>				
Mother's Maiden Name <u>Carrie Michaels</u>	Mother's Birthplace <u>Alleg. Co</u>				
Name of person giving information <u>Wm. Andrews</u>	How related to deceased <u>Father</u>				

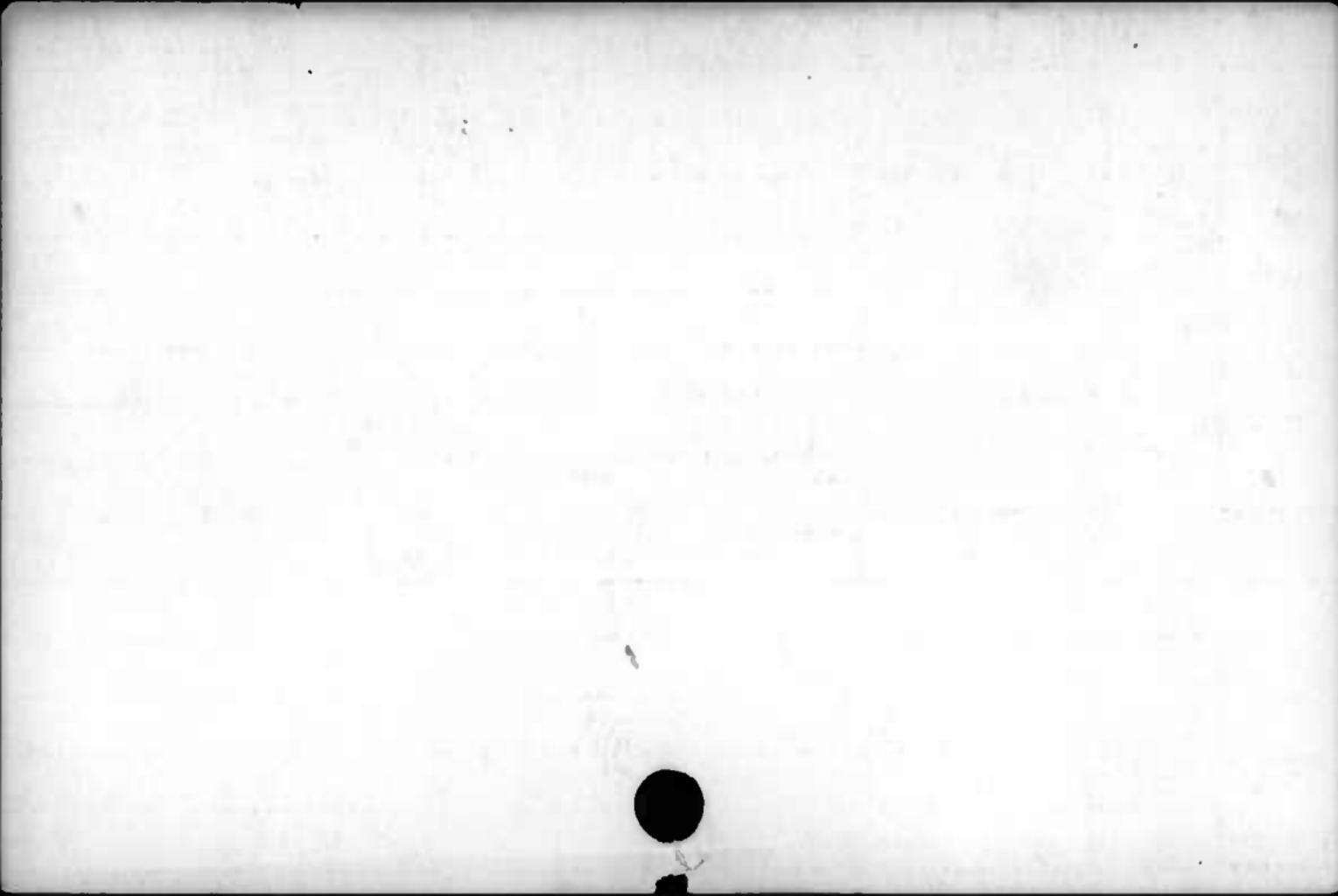
CAUSES OF DEATH

(6)

Primary <u>Measles</u>	How long
Immediate <u>Pneumonia</u>	How long <u>ten days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S.A. Boncher</u> Address <u>Bartles</u>

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Colored	Birth-place	Mont. Co. Md.	
Occupation	Where Residing if not at place of death			Solomon Arnold	
Married, Single or Widowed	Name of Wife or Husband	Solomon Arnold			Unknown
Father's Name	Father's Birthplace			Unknown	
Mother's Maiden Name	Mother's Birthplace			Unknown	
Name of person giving information	How related to deceased			Son	

CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary	Senile Debility		How long	Several years
Immediate	Gangrenous ulcer of rectum, 3 months		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Cloberry	
		Address	Frostburg, Md.	
Accident or Suicide?	no			



Name  
in  
Full

William Henry Ayers.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Barton</u>		Town	County	MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>31st</u>	Age <u>one</u>	Years	Months	Days
Sex <u>Male</u>	Color or race <u>white</u>				Birth-place <u>Barton</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>with parents.</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Ezekiel Ayers.</u>				Father's Birthplace <u>Barton.</u>		
Mother's Maiden Name <u>Lucy Hyde</u>				Mother's Birthplace <u>Barton</u>		
Name of person giving information <u>Suey Ayers</u>				How related to deceased <u>Mother.</u>		

CAUSES OF DEATH

Primary

Measles (6)

How long

one week.

Immediate

Convulsions.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

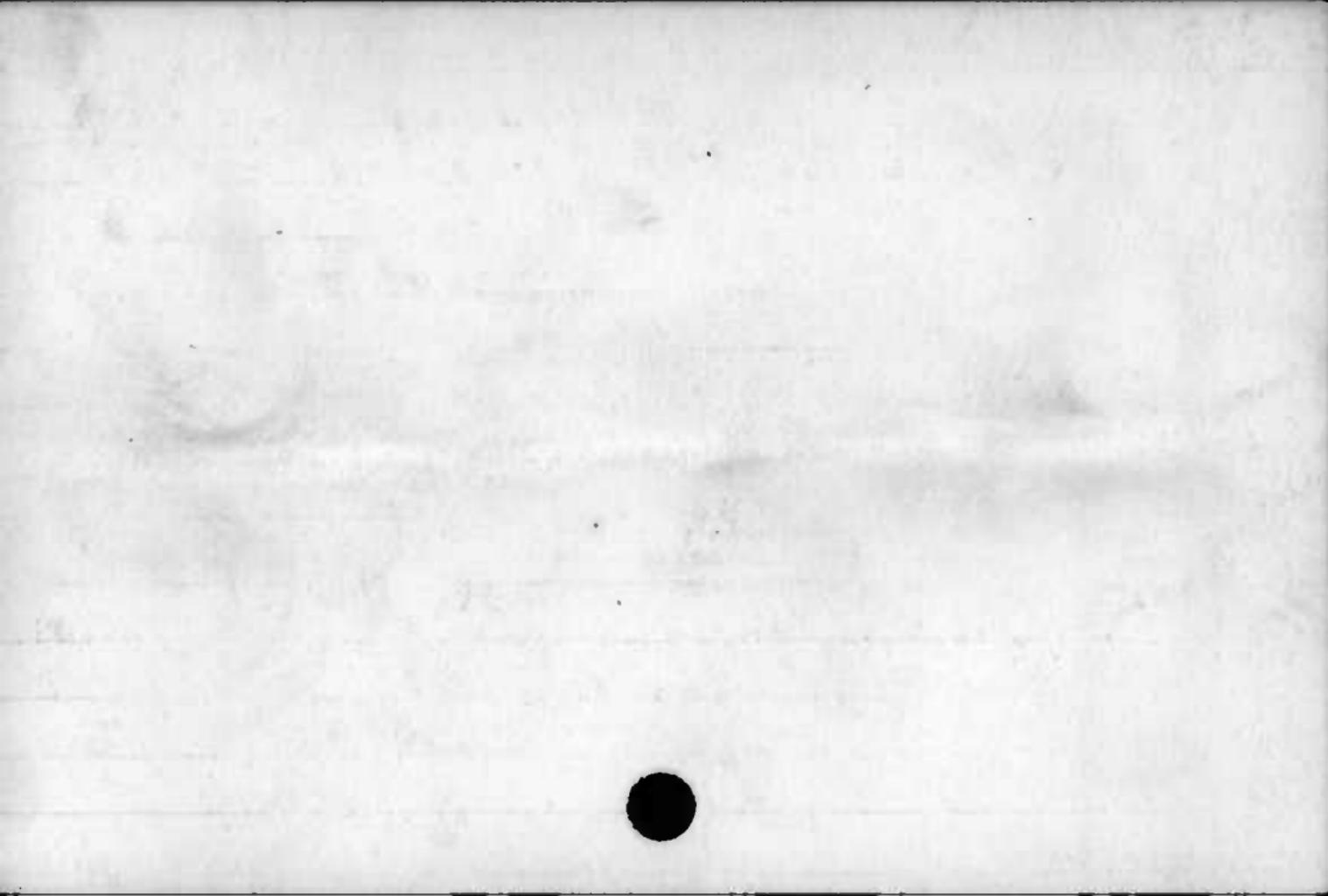
Signature of Physician

Address

J. H. McGaugh

Barton Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Blough

CERTIFICATE OF DEATH

Died at <u>near Cumberland</u>		Town <u>Allegany</u>		County		MARYLAND		
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>14</u>	Age <u>20</u>	Years	Months <u>3</u>	Days <u>14</u>		
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Pa</u>				
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>-</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>							
Father's Name <u>Ephriam Blough</u>			Father's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Amanda Johnson</u>			Mother's Birthplace <u>Pa</u>					
Name of person giving Information <u>Maryset Johnson</u>			How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

27

Primary <u>Pulmonary tuberculosis</u>	How long <u>Two years</u>
Immediate <u>Exhalution</u>	How long <u>1 week</u>

Are the name, age, sex, color, date and place correctly given above?

*Steve*

*yes*

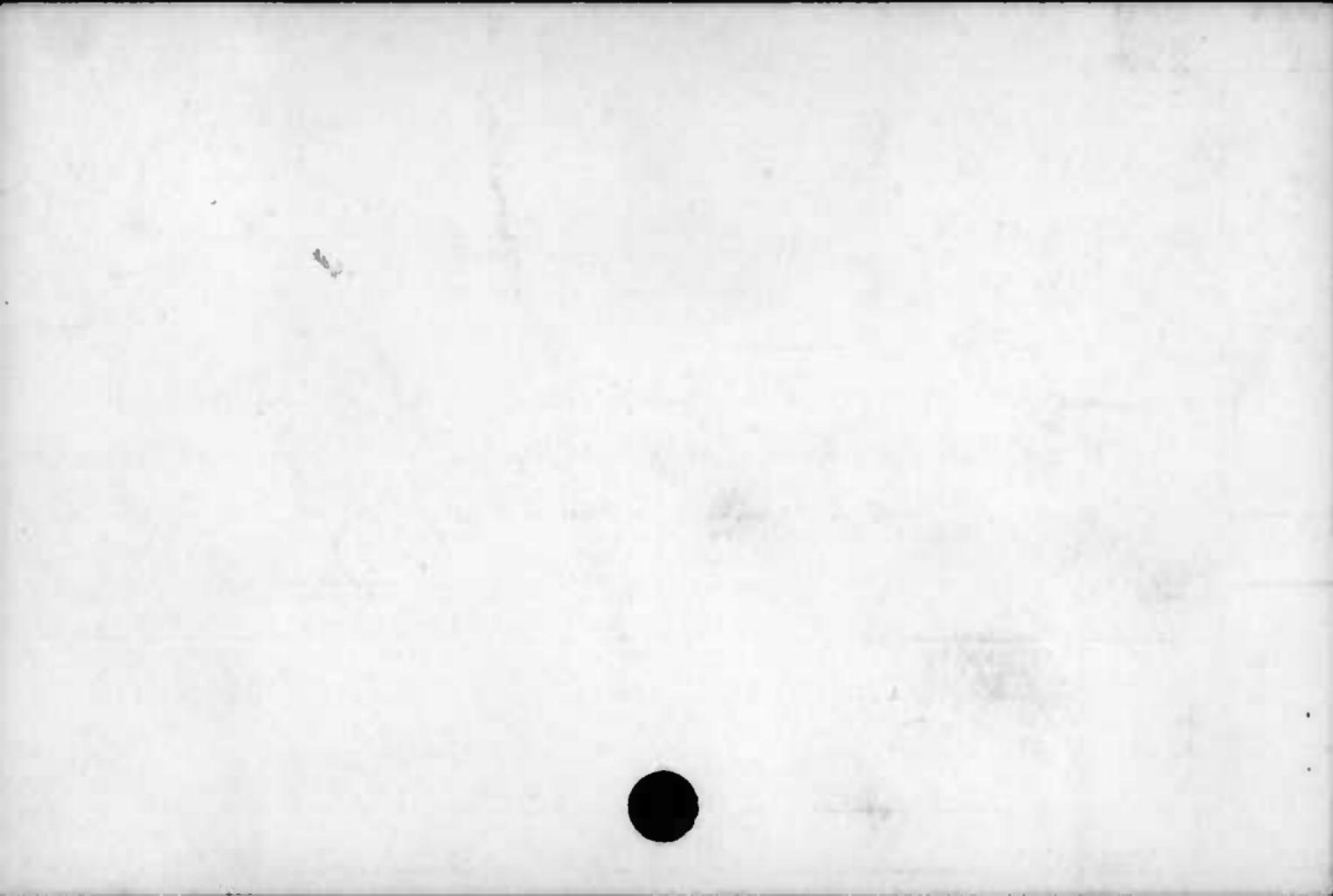
Signature of Physician

*W.R. Hodges*

Address

*Cumberland, Md.  
Hodges*

Accident or Suicide?



Name  
in  
Full

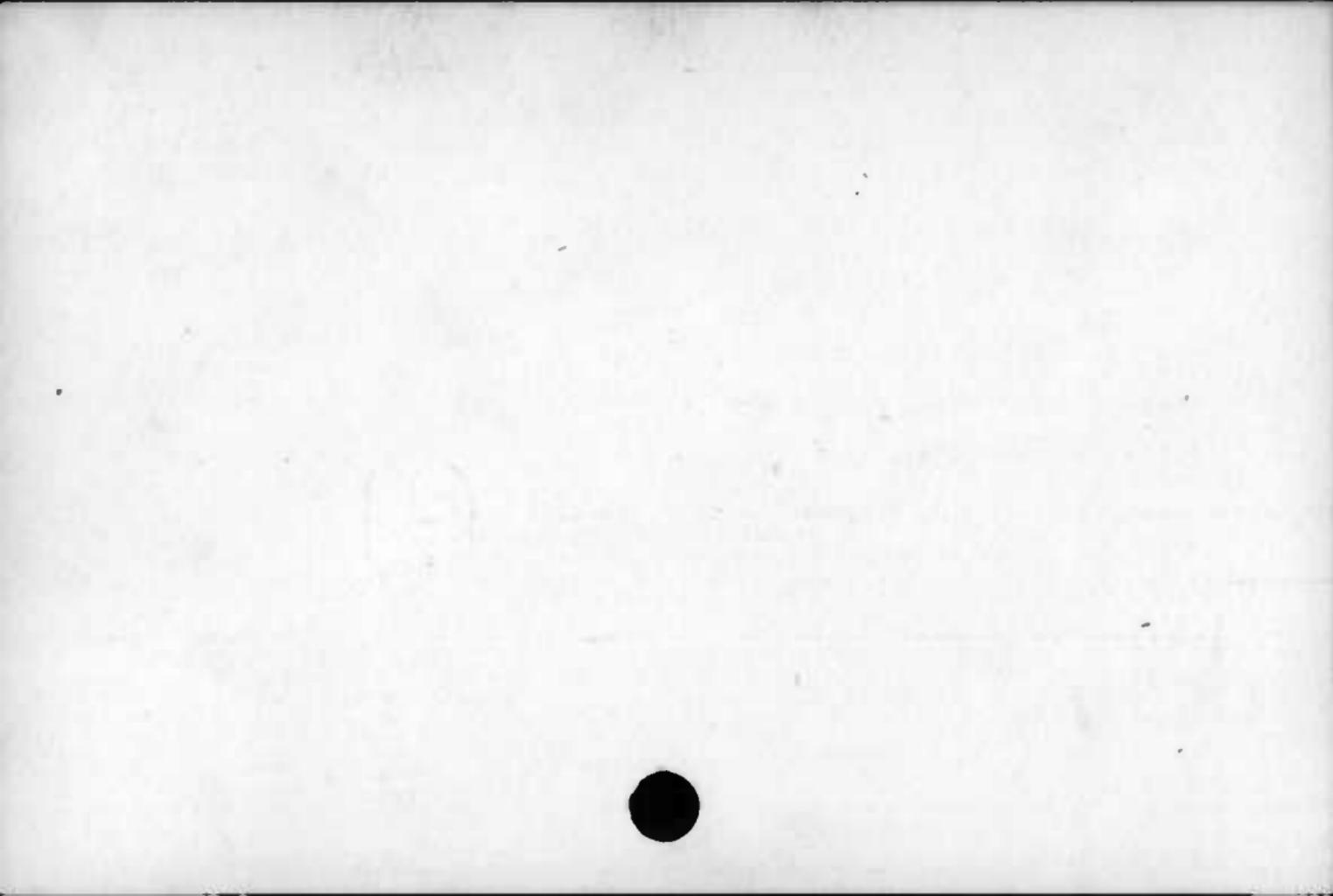
TO BE ANSWERED BY  
NEAREST FRIEND

(Stillborn)		Boward		CERTIFICATE OF DEATH	
Died at Cumbyland		County Allegany		MARYLAND	
Date of death 1908	Month Mar.	Day 22	Age	Years	Months
Sex Female	Color or Race	white		Birth-place	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry F. Boward				Father's Birthplace
Mother's Maiden Name	Mary J. Robinette				Mother's Birthplace
Name of person giving Information	Mother				How related to deceased

CAUSES OF DEATH

Primary	Unknown (possibly Malformation)		How long	Stillborn
Immediate	Inhalation		How long	Stillborn
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. Broadbent MD	
		Address	Cumbyland, Md	
Accident or Suicide?	W			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Broadwater Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

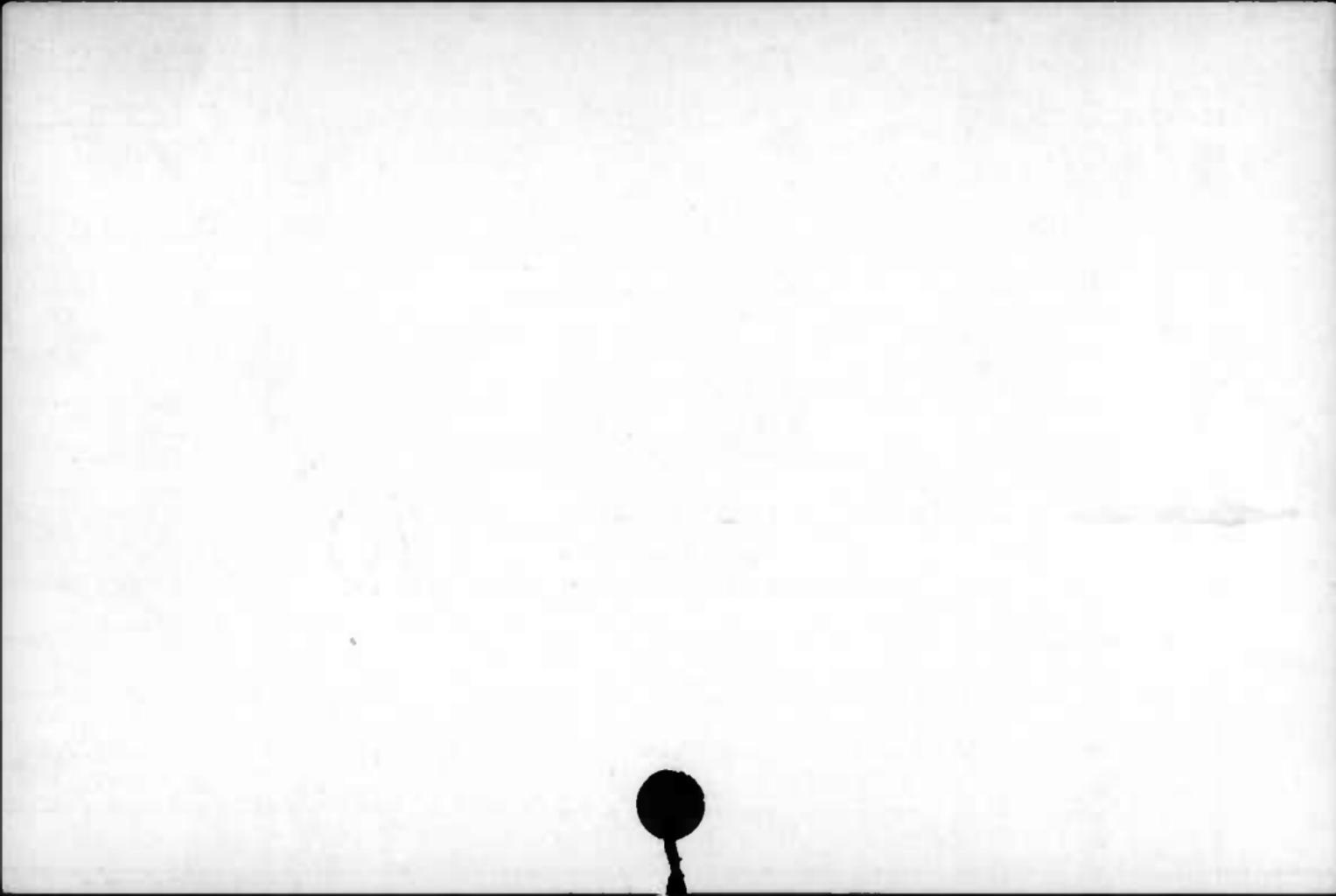
Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day 7	Years 74	Months 7	Days 2	
Sex	Female	Color or Race	white	Birth-place	Garrett Co., Md		
Occupation	SAW	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Solomon Brooks				
Father's Name	Noble Broadwater					Father's Birthplace	Germany
Mother's Maiden Name	Unknown					Mother's Birthplace	Maryland
Name of person giving Information	David Brooks					How related to deceased	Son

CAUSES OF DEATH

66

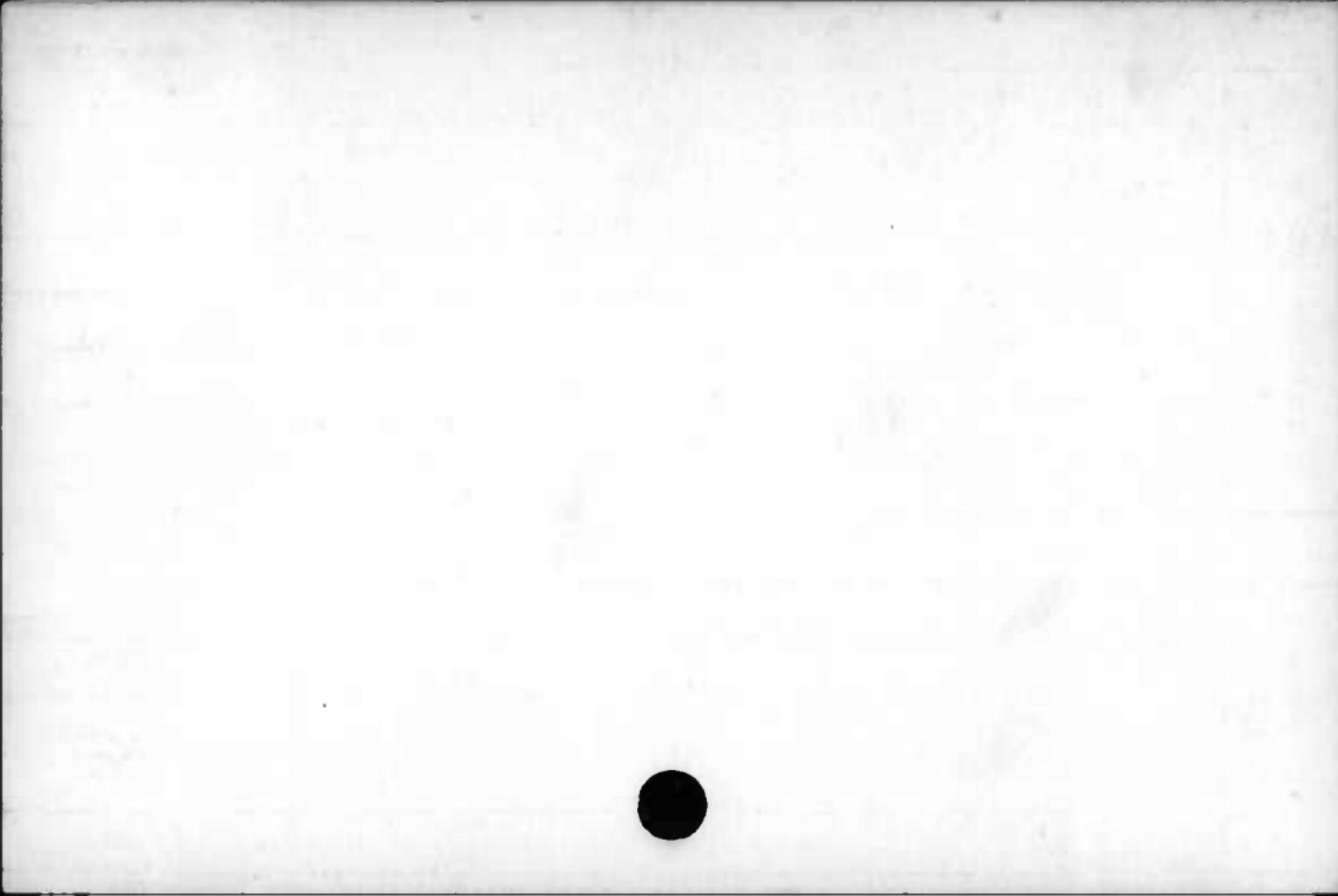
PHYSICIAN  
OR CORONER

Primary	Hemiplegia		How long	One year
Immediate	Uremic Coma		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Borden	
		Address	Barton, Md	
Accident or Suicide?				



CERTIFICATE OF DEATH						
Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1908		March	5 <sup>th</sup>	22	9	
Sex		Color or Race		Birthplace		
Female		White		Md Sarape		
Occupation		Where Residing if not at place of death				
Housewife		Elmer O Browning				
Married, Single or Widowed		Name of Wife or Husband		John Barrett		
Widowed		Elmer O Browning		Jalland		
Father's Name		Maria Stevens				
John Barrett		V			Mother's Birthplace	
Mother's Maiden Name		Md				
Maria Stevens		V			Brother-in-law	
Name of person giving Information		Aless Cenabino				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary					
	Pulmonary Tuberculosis					
Immediate	Exhaustion					
	How long					
3 years						
2 mth						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		F. Alan G. Murray		
y		Address		Md Sarape		
Accident or Suicide?		Md				

27



Name  
in  
Full

James Browning

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Male	Color or Race	Age
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Eliza Jane Browning	
Father's Name	Ephriam Browning		
Mother's Maiden Name	Anna James		
Name of person giving information	Anna Wilson		

Birthplace Pa.

Father's Birthplace Pa

Mother's Birthplace Pa

How related to deceased Daughter

79

How long

Sound Jesus  
How long  
many months

PHYSICIAN  
OR CORONER

Primary

Organic disease of heart

Immediate

brophy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

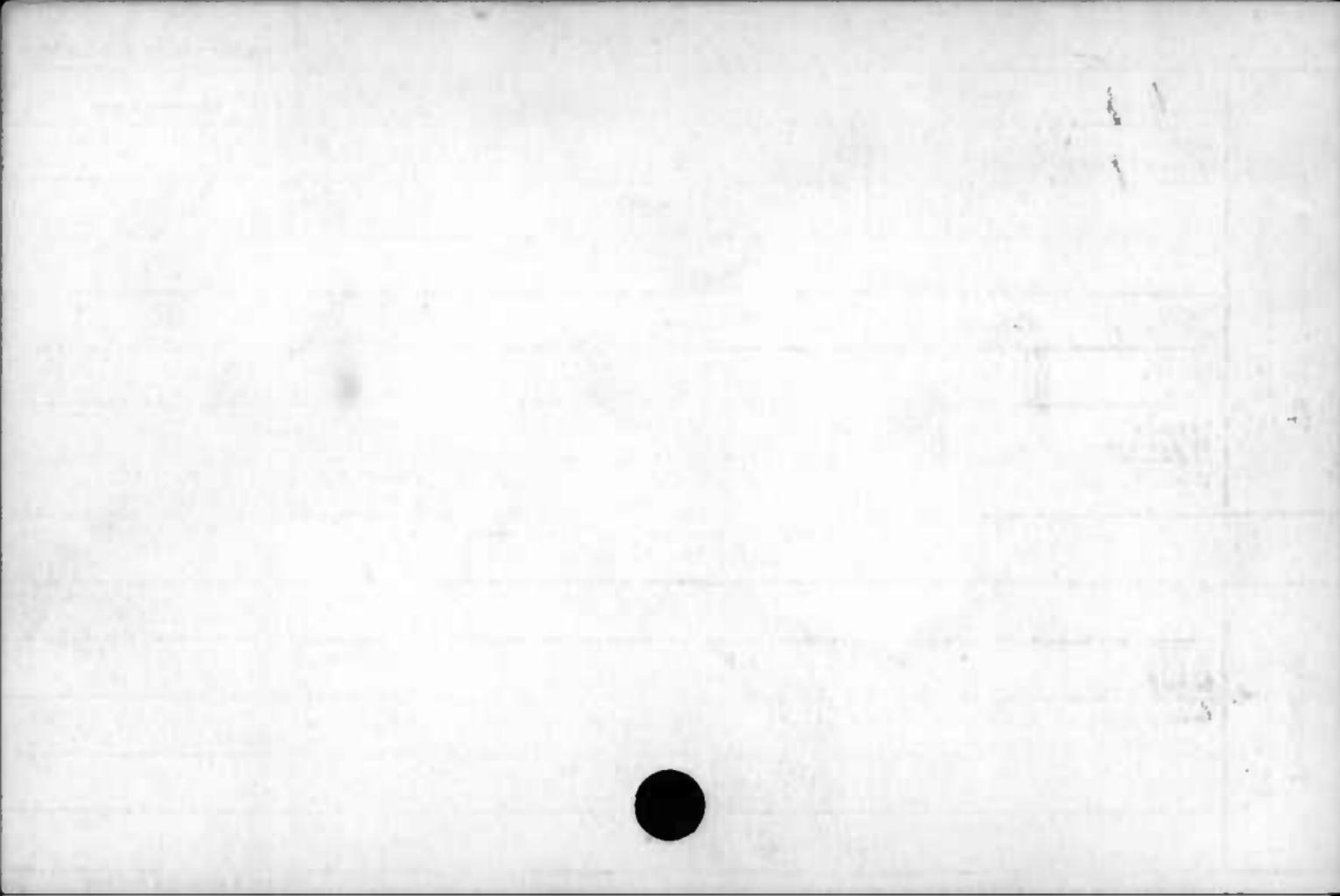
Address

James Browning  
Lintersville

Accident or Suicide?

Flintstone, Md.

Witnessed



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Eliza C Campbell

CERTIFICATE OF DEATH

Died at Germantown. alleg County

MARYLAND

Date of death 1908 Month Mar Day 18 Years Age 49 Months Days

Sex Female Color or Race White Birth-place West Va

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or  
Husband

George Campbell

Father's  
Name

Joseph Nurse

Father's  
Birthplace

Montgomery

Mother's  
Maiden Name

Josephine

Mother's  
Birthplace

1874 1875

Name of person giving  
Information

George Campbell

How related  
to deceased

Glenshaw

CAUSES OF DEATH

42

How long

2 yrs

Primary

Cancer of uterus

How long

7 months

Immediate

C. H. Guston

Address

Dr. F. Faraggi

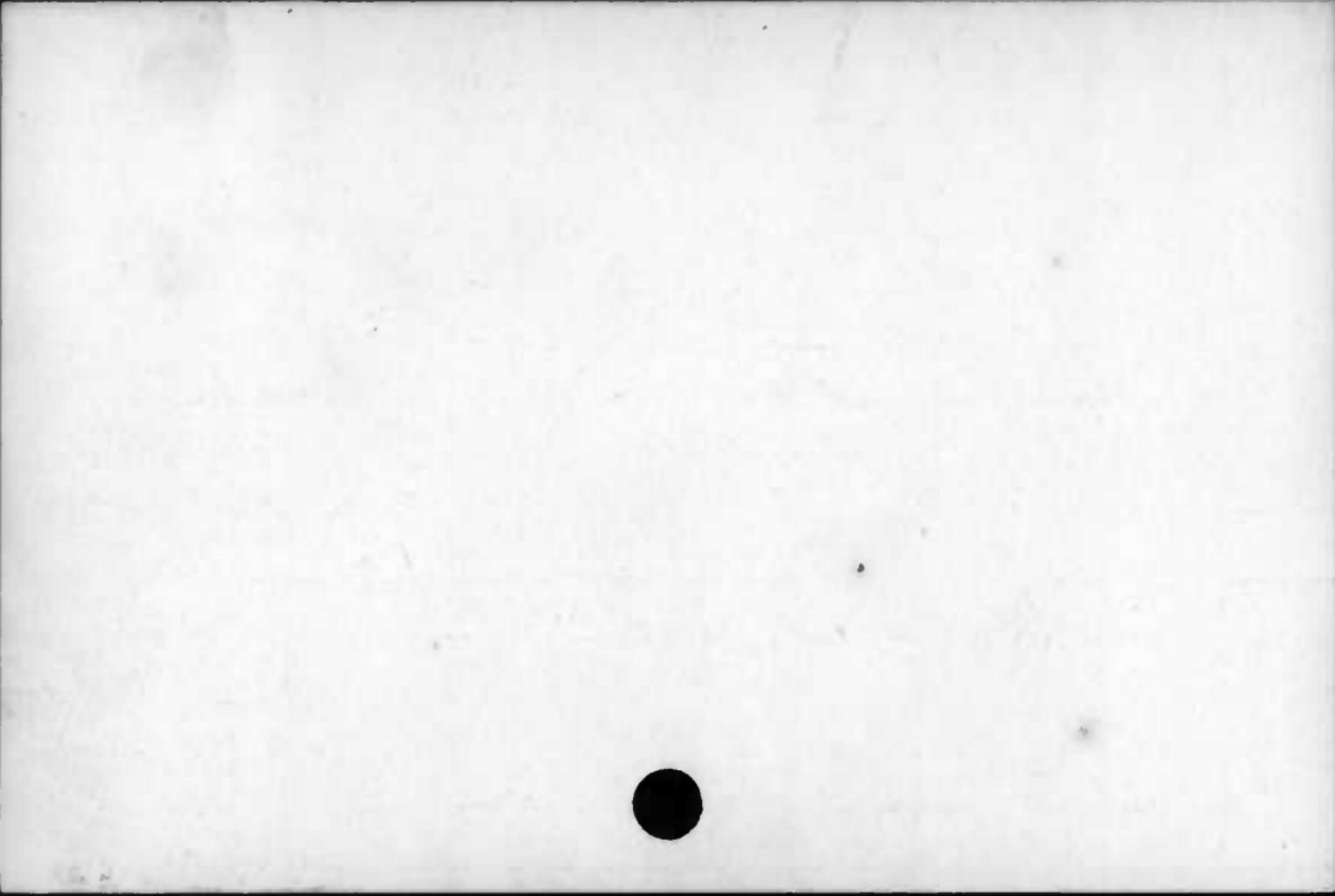
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Amherst

Accident or Suicide?

Yes.



Name  
in  
Full

Wm. H. Cecil

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Mar	Day 12	Age 68	Years	Months — Days —
Sex Male	Color or Race White	Birth-place Cresaptown Md.			
Occupation Farmer	Where Residing if not at place of death Don't know.				
Married, Single or Widowed Married	Name of Wife or Husband Emma Van Meter	Father's Birthplace Cresaptown			
Father's Name Wm. Cecil	Mother's Maiden Name Emma Van Meter	Mother's Birthplace Va.			
Name of person giving information A. M. Van Meter	How related to deceased				

CAUSES OF DEATH

79

How long

How long

PHYSICIAN  
OR CORONER

Primary

Fatty degeneration Heart.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Samuel H. Cline

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cumberland		Alleg.				
Date of death	Month	Day	Years	Months	Days	
1908	3	7.	31	3.	16	
Sex	Color or Race		Birth- place			
Male	White		Edward Mines			
Occupation	Where Residing if not at place of death		Frostburg Md.			
Miner						
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	Alfred Cline		Father's Birthplace	Ohio.		
Mother's Maiden Name	Mary E. Dudley		Mother's Birthplace	Scotland.		
Name of person giving Information	Alfred Cline		How related to deceased	Father.		

CAUSES OF DEATH

104

How long

How long

PHYSICIAN  
OR CORONER

Primary

Gastritis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Dr. D. D. Driggs  
Cumberland  
Md

Address

Accident or Suicide?

Ally. Com.  
Town.

J. Hafer

Name  
in  
Full

Mrs. Mary A. Cletts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1908	3	76	11	
Sex	Color or Race	Birth-place		
Female	White	Md		
Occupation	Where Residing if not at place of death			
House Wife	Cumberland			
Married, Single or Widowed	Name of Wife or Husband			
Widow	David Cletts			
Father's Name	Father's Birthplace			
Ogallala Rice	Md			
Mother's Maiden Name	Mother's Birthplace			
Lucy Brall	Md			
Name of person giving information	How related to deceased			
Ella Cletts	Daughter			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Organic Heart Disease

How long

10 yrs

Immediate

old age & exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

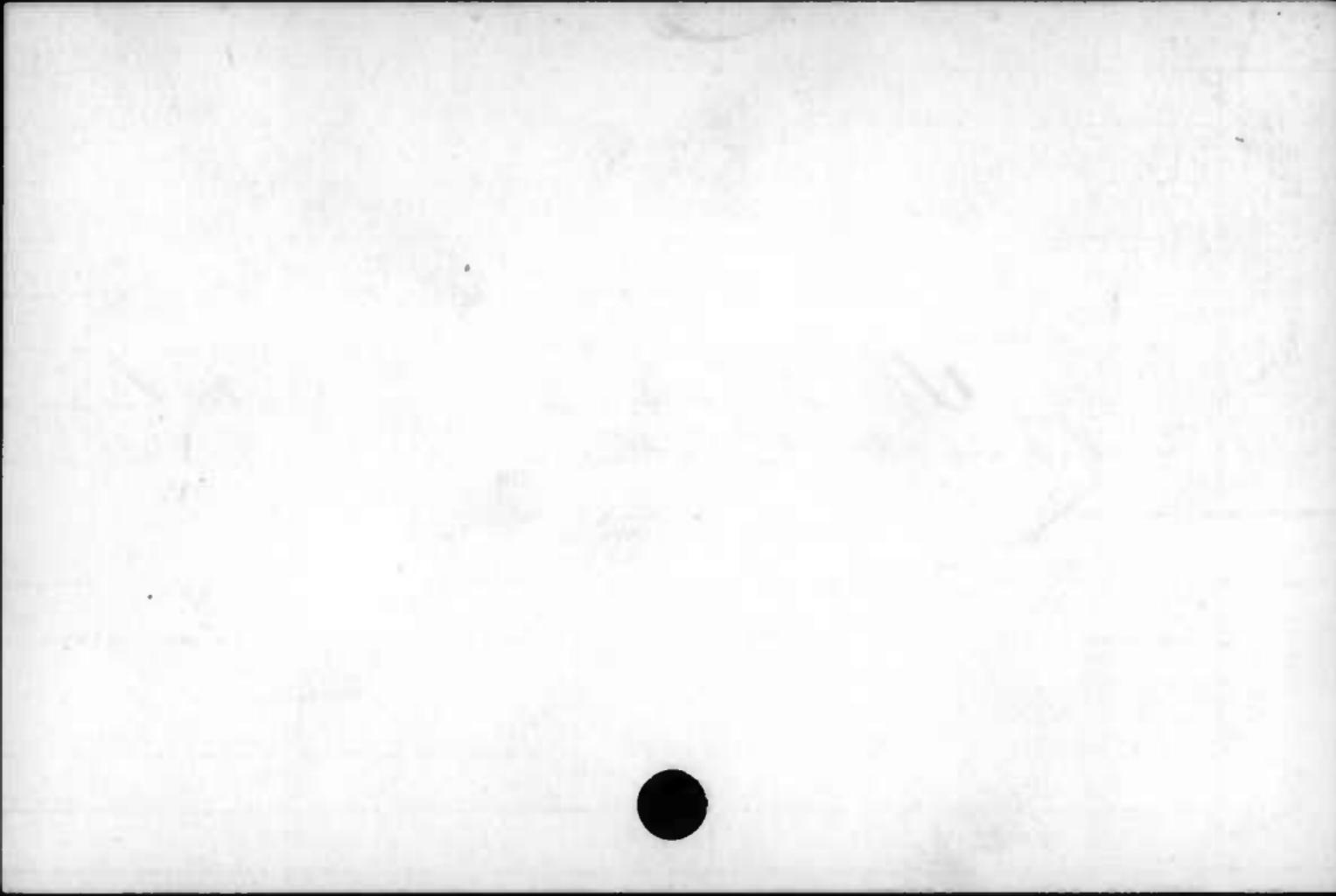
Yes

Signature of Physician

Address

H. F. Faragg  
Cumberland  
Md

Accident or Suicide?



Name  
in  
Full

Infant C. P. Coffee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day 18	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Anne Arundel		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Anne Arundel		
Father's Name	C. P. Coffee		Mother's Birthplace		" "		
Mother's Maiden Name	Louise Davis		Mother's Birthplace		" "		
Name of person giving information	C. P. Coffee		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Jones Davis  
Anne Arundel

steve

Accident or Suicide?



Name  
in  
Full

Minnie C. Constable

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Cumberland		alleg.				
Date of death	1908	Month Mar	Day 9	Years 39	Age	Months	Days
Sex	Female		Color or Race	White		Birth-place	Missouri
Occupation	Housewife		Where Residing if at place of death		#20 Arch St.		
Married, Single or Widowed	Married		Name of Wife or Husband	J.W. Constable			
Father's Name	J.M. Allen		Father's Birthplace		Don't know		
Mother's Maiden Name	Viola Shaffer		Mother's Birthplace		W. Va.		
Name of person giving Information	J.W. Constable		How related to deceased		Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Post Peritoneal Obstruction

20

How long

3 weeks

Immediate

Septicemia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. Blaylock MD

Address

L.S.

Accident or Suicide?

5 Children.

Name  
in  
Full

Isabel F. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month May	Day 4	Years 63	Months 9	Days 0	
Sex	Female	Color or Race	White		Birth-place	Frederick Co Pa	
Occupation	Housewife		Where Residing if not at place of death		-		
Married, Single or Widowed	Married	Name of Wife or Husband	Sam'l F. Davis				
Father's Name	Thomas Straubbaugh				Father's Birthplace	Hanover Co Pa	
Mother's Maiden Name	Jane Barrett				Mother's Birthplace	Juniata Co Pa	
Name of person giving Information	Sam'l F. Davis				How related to deceased	Husband	

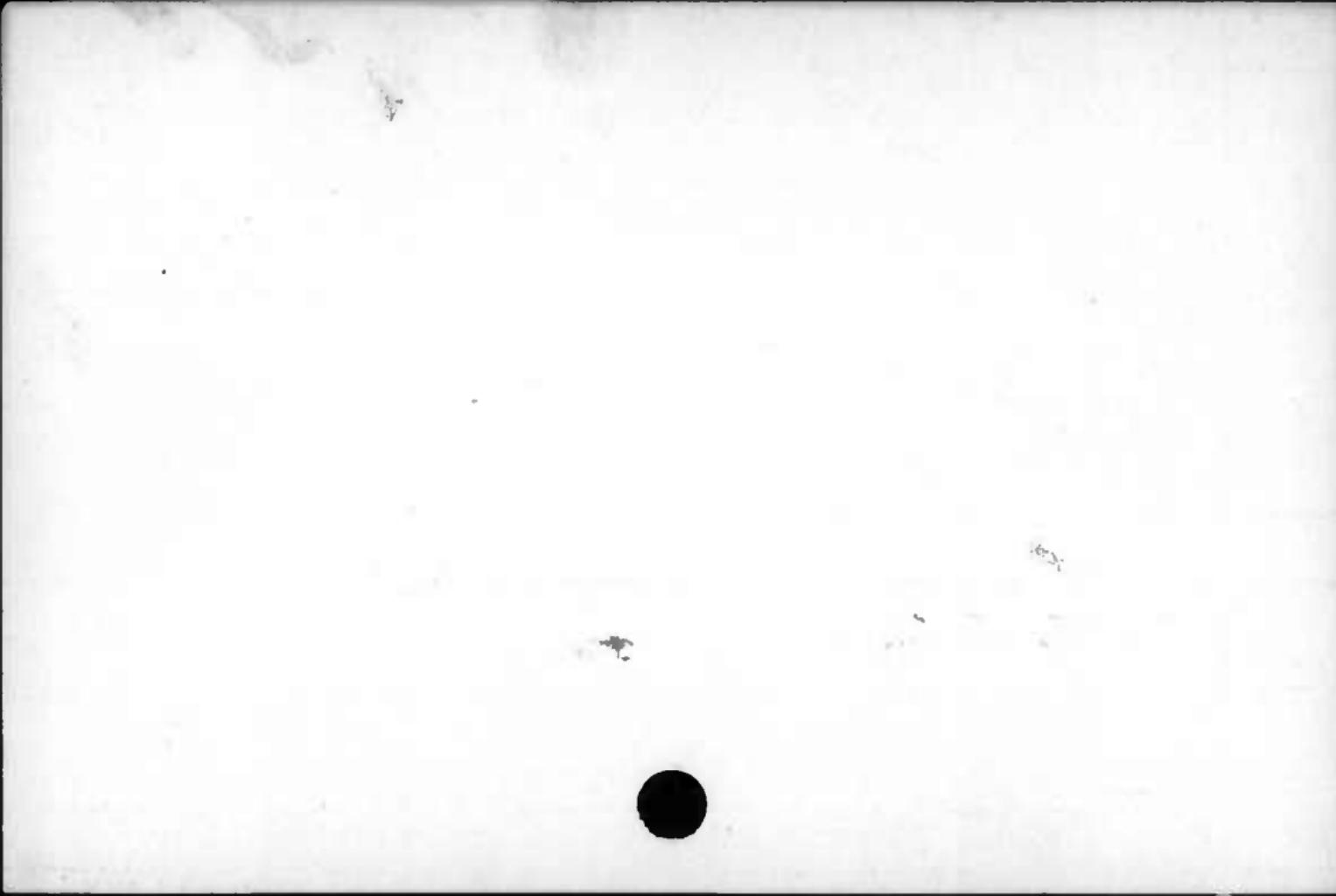
CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart disease		How long	Several years
Immediate	Heart failure		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. S. Duper	
		Address	Emberland Rd	

Accident or Suicide?



Archibald Densmore

## CERTIFICATE OF DEATH

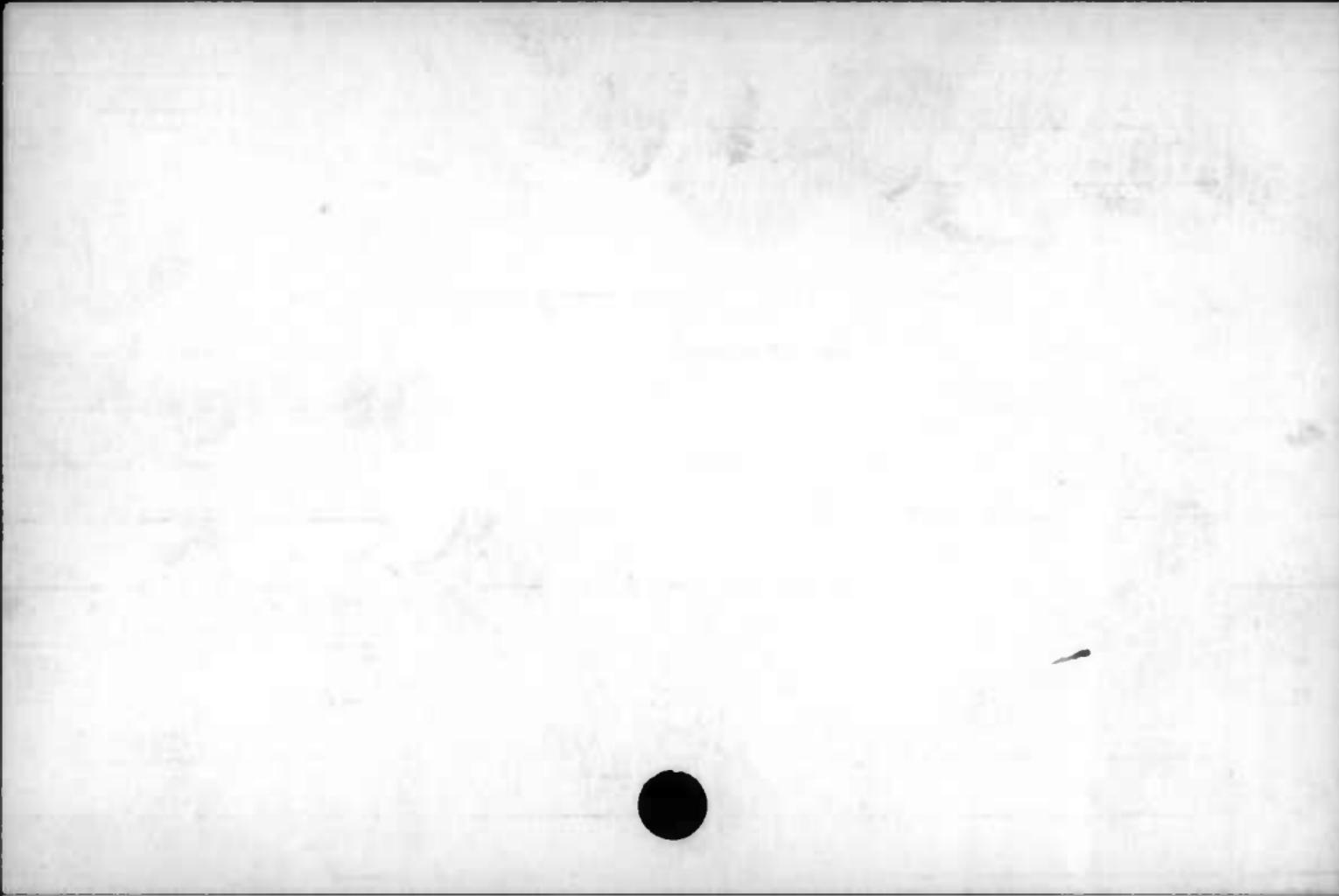
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Carlo</u>		Town <u>Carlo</u> County <u>Adlegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>19</u>	Years <u>3</u>	Months <u>10</u>	Days <u>12</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Occupation <u>—</u>		Birth-place <u>Carlo, I</u>		
Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Alex. H. Densmore</u>	Father's Birthplace <u>St. Va.</u>					
Mother's Maiden Name <u>Elizabeth A. Peter</u>	Mother's Birthplace <u>md.</u>					
Name of person giving information <u>—</u>	How related to deceased <u>—</u>					

## CAUSES OF DEATH

6

Primary <u>Measles</u>	How long <u>Two weeks</u>
Immediate <u>Pneumonia</u>	How long <u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. L. Cheaney</u> Address <u>Midlothian</u>
Accident or Suicide?	<u>not</u>



Name  
in  
Full

Susan Dodd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908 Mar	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Va
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Grace Dodd			
Father's Name	Matthew Dodd		Father's Birthplace unknown			
Mother's Maiden Name	Martha Spear		Mother's Birthplace unknown			
Name of person giving information	Mary V Fisher		How related to deceased Daughter			

CAUSES OF DEATH

179

How long

2 years

How long

PHYSICIAN  
OR CORONER

Primary

General Debility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Pat. W. Boggs

Cumberland

Md

*S. S. S.*

1 Hagerstown  
Accident or Suicide?

Hagerstown,  
Washg<sup>t</sup> Co.

8 Children

3 Sons

5 Daughters

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name Jacques Doyneletty				CERTIFICATE OF DEATH			
Died at Co. Home		Town	County Accomac		MARYLAND		
Date of death	1908	Month 3	Day 14	Years 63	Age 63	Months	Days
Sex Male	Color or Race White		Birth- place N.Y.				
Occupation Local	Where Residing if not at place of death Accomac Md						
Married, Single or Widowed Single	Name of Wife or Husband None						
Father's Name Unknown						Father's Birthplace Unknown	
Mother's Maiden Name Unknown						Mother's Birthplace Unknown	
Name of person giving Information G. P. B.						How related to deceased None	

CAUSES OF DEATH

62

Primary Cause of Death  
Exhaustion 8 or 10 yrs

Immediate Cause of Death  
Exhaustion 8 or 10 yrs

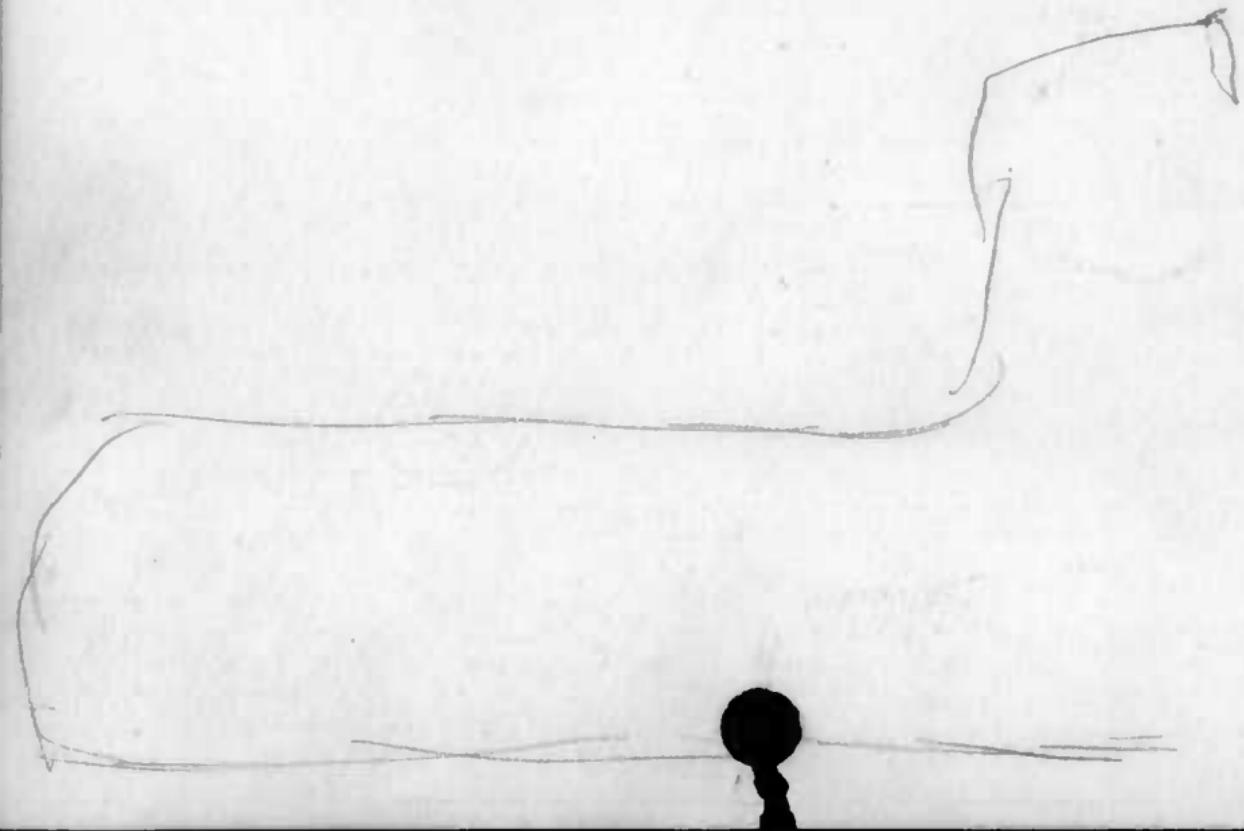
Are the name, age, sex, color, date  
and place correctly given above?  
Yes

Signature of  
Physician  
H. F. Seeger

Address  
Central Park  
Mt. Vernon

Filed 1908

Death or Suicide?  
Death



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles Franklin Dunning

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male.	Color or Race	White	Birth-place	Cumberland		
Occupation	none	Where Residing if not at place of death			-		
Married, Single or Widowed	-	Name of Wife or Husband	-	Father's Birthplace	W. Va.		
Father's Name	J. W. Dunning			Mother's Birthplace	Cumberland		
Mother's Maiden Name	Carrie Cumberland			How related to deceased	Father		
Name of person giving information	J. W. Dunning			How long	-		

CAUSES OF DEATH

151

Primary	Premature child (6 1/2 mo)	
Immediate	Insuff.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
Steens	Address	Ad. Dr. Sampson
Accident or Suicide?	Cumberland Md	

#4 Holey -

Name  
in  
Full

CERTIFICATE OF DEATH

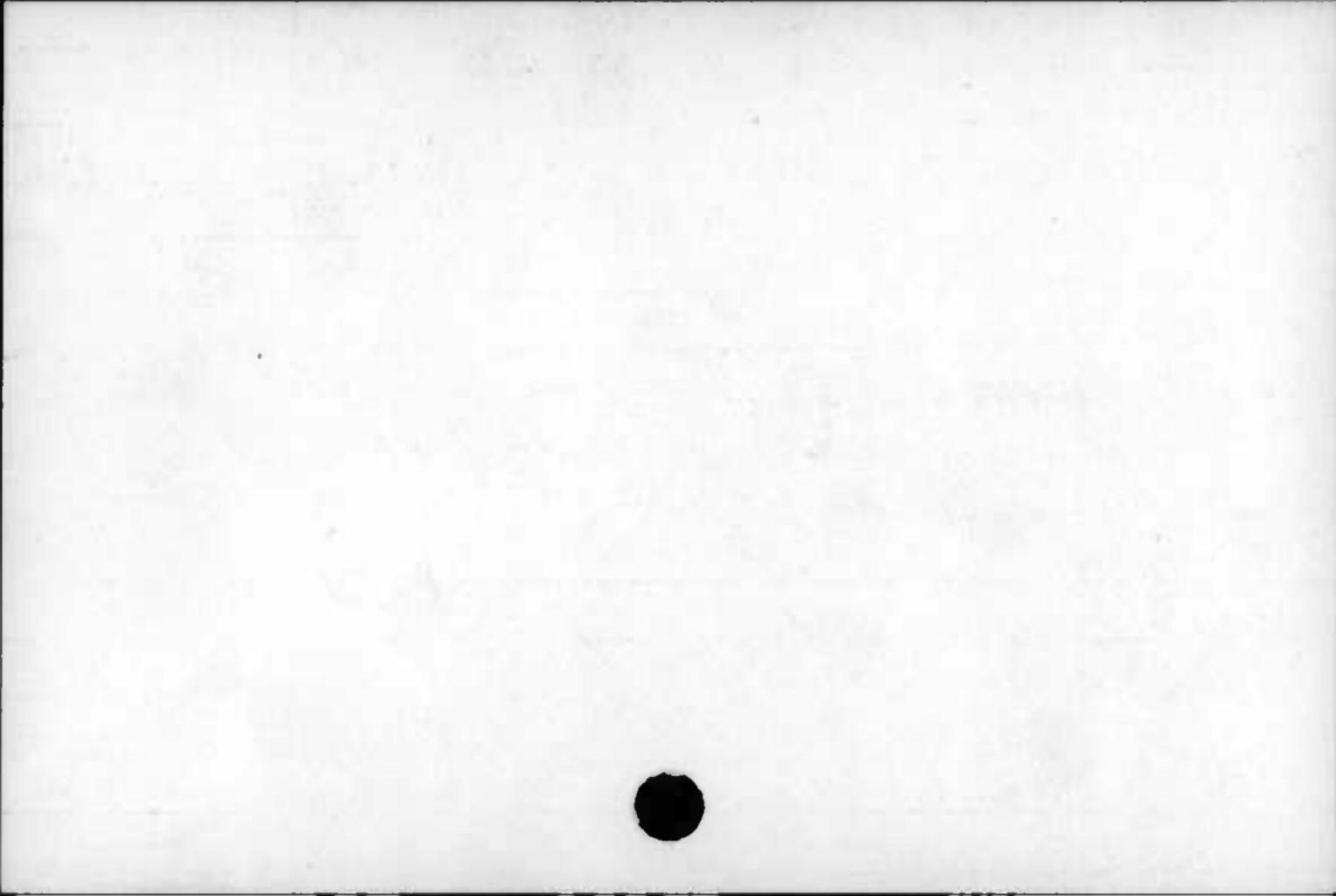
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dickerville, Pennsylvania</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>18</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Dickerville, Pennsylvania</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	—			
Father's Name <u>James Dyer</u>	Father's Birthplace <u>Conemaugh, Pittsburg</u>				
Mother's Maiden Name <u>Elizabeth Robertson</u>	Mother's Birthplace <u>Gilmour</u>				
Name of person giving information <u>Mr. James Dyer</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

152

Primary <u>—</u>	How long <u>—</u>	
Immediate <u>Asphyxia Neonatorum</u>	How long <u>2 4 hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Skilling M.D.</u>	Address <u>Conemaugh.</u>
Accident or Suicide? <u>no</u>		



Name  
in  
Full

Charles Geo Eaton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Carroll	County	MARYLAND
Date of death	1908 Mar 18	Age	Years — Months — Days 20
Sex	Male	Color or Race	White
Occupation	None	Where Residing if not at place of death	Ind
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	Charles Eaton	Father's Birthplace	Ind
Mother's Maiden Name	Victoria Cartridge	Mother's Birthplace	Ind
Name of person giving information	Jennie Goff	How related to deceased	none

CAUSES OF DEATH

72

Primary	Grippe - pneumonia	How long	—
Immediate	Exhaustion	How long	—

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. B. McDonald,  
Cumberland Md.  
McDonald

steve

Accident or Suicide?

Tetanus Neurotoxin

Name  
in  
Full

Randolph Eaton

CERTIFICATE OF DEATH

Died at

Town

Cumberland alleg.

County

MARYLAND

Date  
of death

Month

Day

Year

Age

Years

75

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Washington 60<sup>th</sup> Ma

Occupation

Boatman

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Henrietta Eaton

Father's  
Name

Do not Know

Father's  
Birthplace

Do not Know

Mother's  
Maiden Name

Do not Know

Mother's  
Birthplace

Do not Know

Name of person giving  
Information

James Eaton

How related  
to deceased

Son

CAUSES OF DEATH

39

How long

6 mo.

How long

—

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Primary

Carcinoma, jaw

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

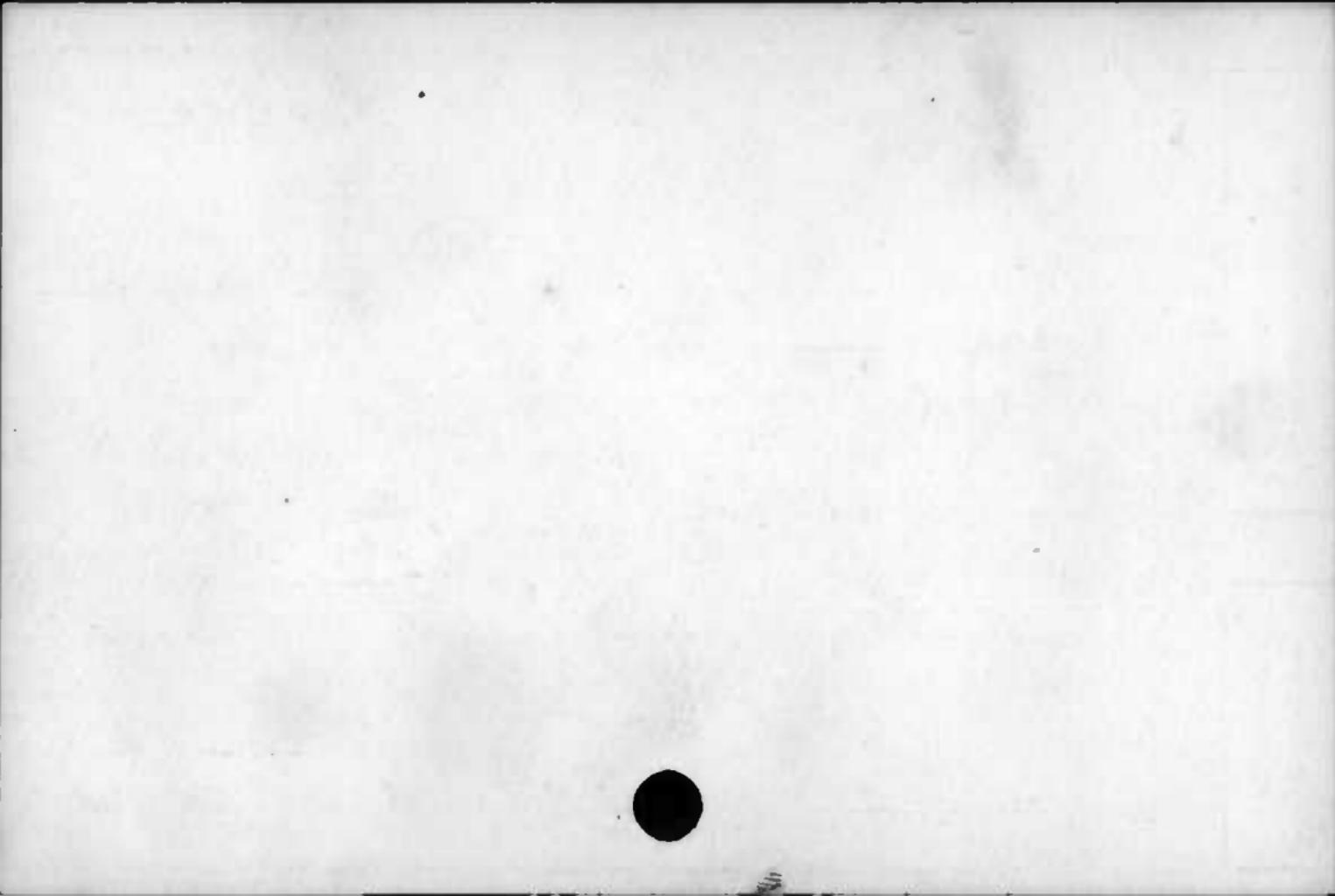
Signature of  
Physician

Address

J. B. McDonald  
Cumberland Md

Stein

Accident or Suicide?



Name  
in  
Full

Vincent Veronica Edwards

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	3	25	12	8	14	
Sex	Color or Race	Birth-place				
Female	White	Town Hill, Md				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	92 Elder St					
Name of Wife or Husband						
Father's Name	Howard Edwards					
Mother's Maiden Name	Margaret Goddard					
Name of person giving information	Howard Edwards					
CAUSES OF DEATH						
Primary	Measles					
Immediate	Pneumonia					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			F. L. Bunkdell			
Accident or Suicide?			132 Va. Ave. Cumberland, Md.			

PHYSICIAN  
OR CORONER

6

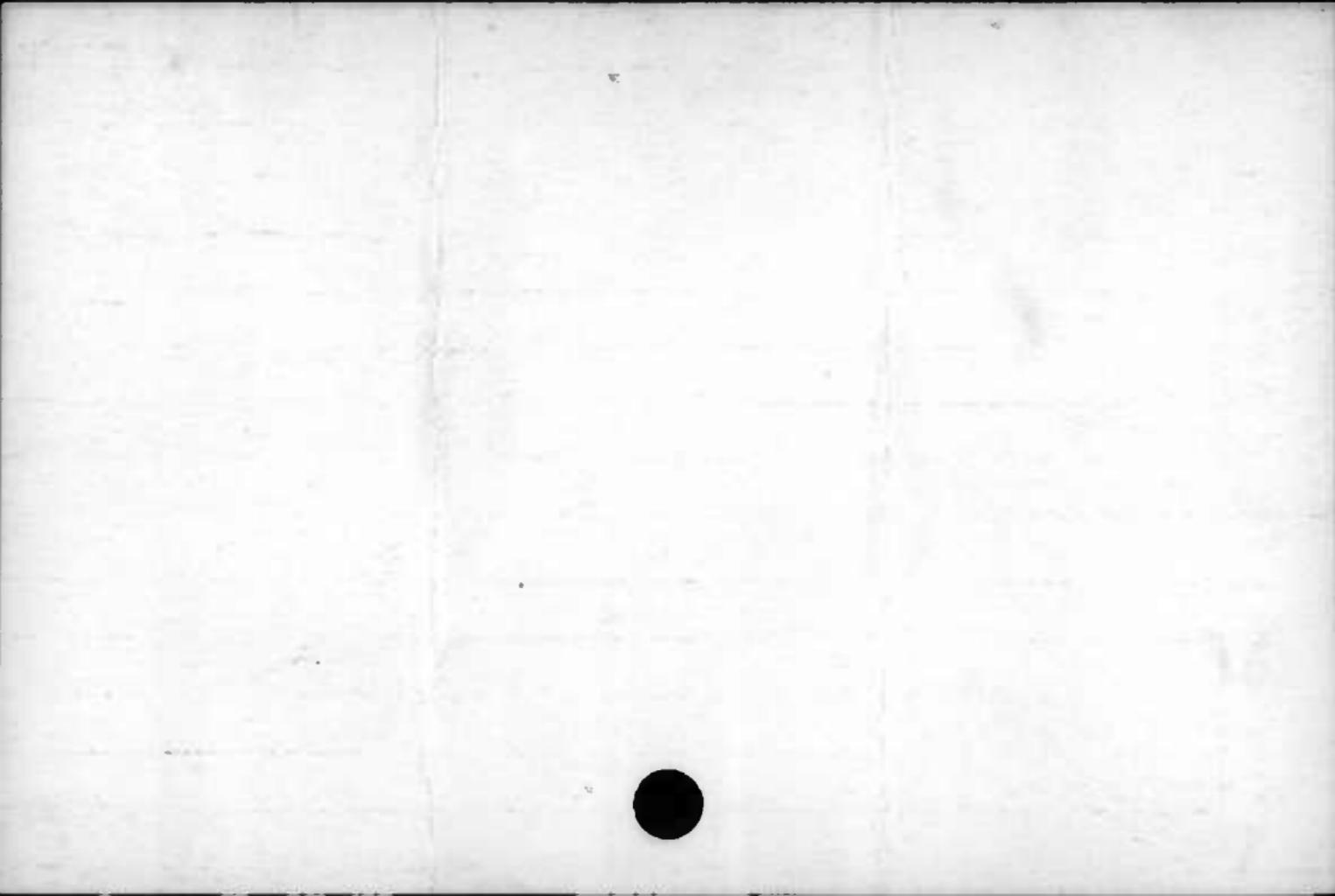
How long

March 17<sup>th</sup>

How long

Mar. 23<sup>rd</sup>

Address



Name  
in  
Full

Roy Emmett Eley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Crown</u> Town		<u>Alle</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>25</u>	Age <u>Years</u>	Months <u>16</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>	Father's Birthplace <u>West Va</u>			
Father's Name <u>Fred Eley</u>	Mother's Birthplace <u>West Va</u>				
Mother's Maiden Name <u>Raphael Wolf</u>	How related to deceased <u>none</u>				
Name of person giving information <u>Mrs Mollie Smith</u>					

CAUSES OF DEATH

93

Primary

Pneumonia Strept

1 week

Immediate

Exhaustion

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

# 1145

yes

Gov. Broadway Jr  
Cumberland Md  
Broadway

Accident or Suicide?

no

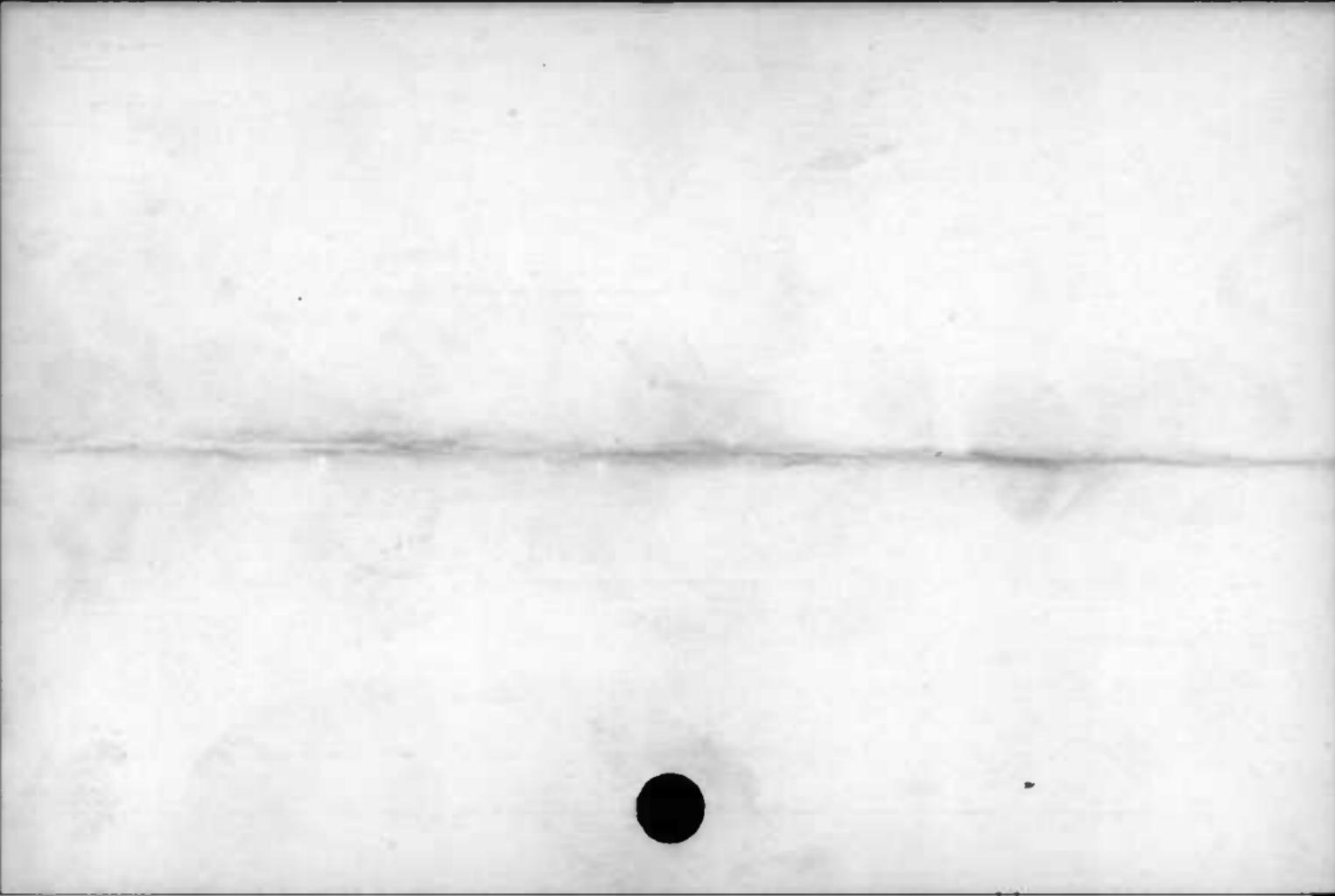
Amblersburg 10 m  
West Va

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<i>Irene Engle</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Female		Color or Race	White		Birth-place	
Occupation	School girl		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	<i>W.F. Engle</i>		Father's Birthplace		<i>Frostburg</i>		
Mother's Maiden Name	<i>Mary S. Dutz</i>		Mother's Birthplace		<i>Frostburg</i>		
Name of person giving information	<i>John Bush</i>		How related to deceased		<i>Mrs.</i>		
CAUSES OF DEATH							
Primary	<i>Anemia, Gripe, Pneumonia, Rheumatism</i>			How long		<i>5 weeks</i>	
Immediate	<i>Cardiac exhaustion</i>			How long		<i>short time</i>	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		<i>J. C. Cobley</i>	
				Address		<i>Frostburg</i>	
Accident or Suicide?							

PHYSICIAN  
OR CORONER



Name  
in  
Full

( Stillborn)

Felder

CERTIFICATE OF DEATH

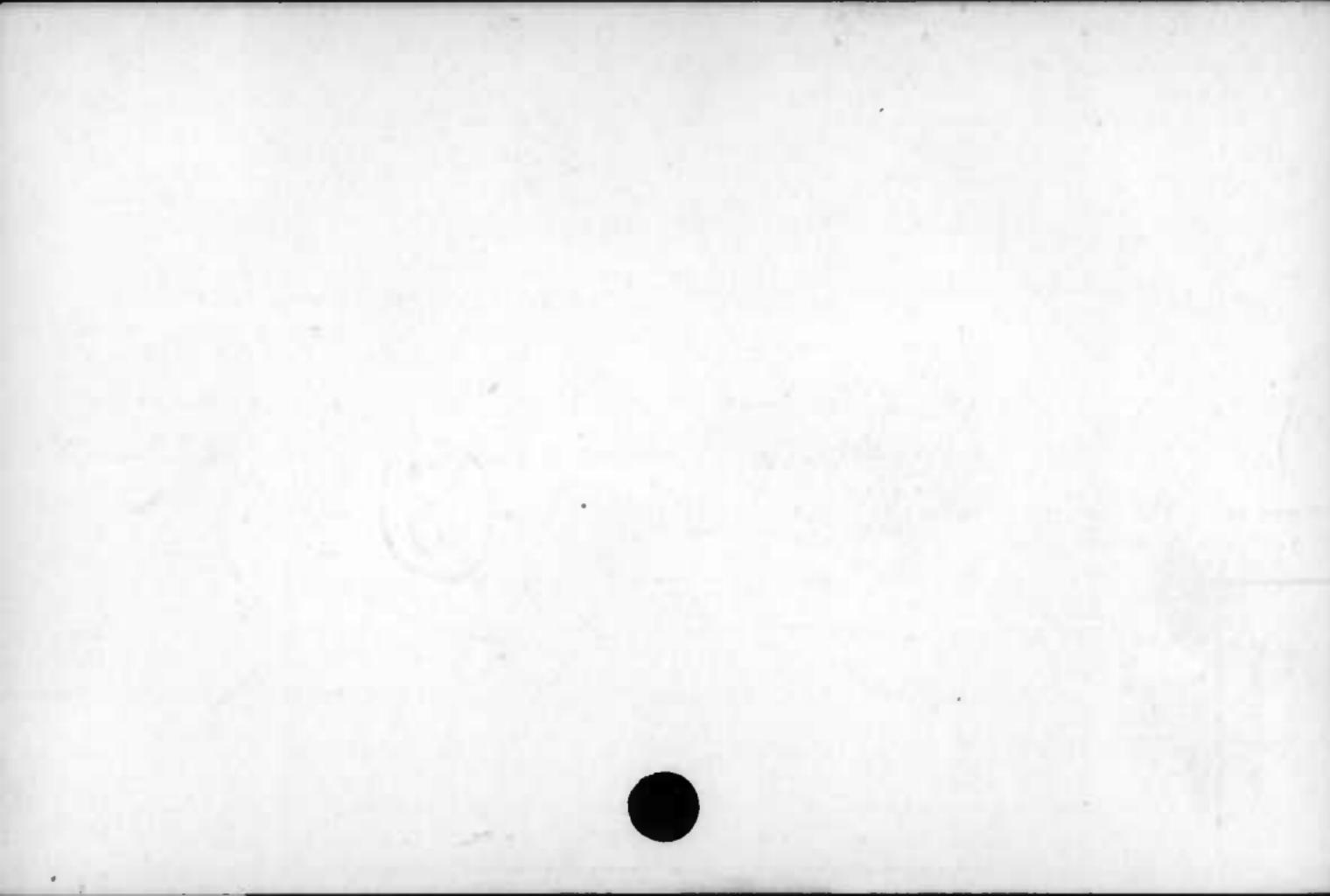
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1908	Month	Dec	Day	6	Years	—
Sex	Female	Color or Race	White	Birth-place	Cumberland/Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Harry M. Felder			Father's Birthplace	Md		
Mother's Maiden Name	Lillian N. Hansen			Mother's Birthplace	Md		
Name of person giving information	Lillian Hansen			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stillborn (unknown)	How long	—
Immediate	Stillborn 7" male,	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Brundage M.D.
—		Address	Cumberland/Md
Accident or Suicide?	W		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Julian Foster		County		MARYLAND	
Died at Asylum		Alle			
Date of death 1908	Month Mar	Day 16	Years 39	Months	Days
Sex Female	Color or Race White	Birth-place Md			
Occupation Housekeeper	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband John Foster	Father's Birthplace Ireland			
Father's Name Henry Hughes	Mother's Birthplace Ireland				
Mother's Maiden Name Mary Maher	How related to deceased Sister				
Name of person giving Information Mary E Ruppert					

CAUSES OF DEATH

91

Primary

Chronic Bronchitis

2 yrs

Immediate

Exhaustion

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. F. Young  
Cumberland  
Md

Accident or Suicide?



Name  
in  
Full

William B. Frazier's child

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Emmettland</u> Town		County <u>Allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>14</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>William B. Frazier</u>	Father's Birthplace <u>Bedford Pa</u>					
Mother's Maiden Name <u>Amy M. Flot</u>	Mother's Birthplace <u>Bedford Pa</u>					
Name of person giving information <u>William B. Frazier</u>	How related to deceased <u>S Father</u>					
CAUSES OF DEATH						
Primary	<u>still born.</u>			How long		
				How long		
Immediate						

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date, and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

32 *Oceanus*

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

infant *Wm Frazier*  
Died at *Emmertland* County *Allegany*

CERTIFICATE OF DEATH

MARYLAND

Date of death *1908* Month *Mar* Day *25* Age *-* Years *-* Months *-* Days *-*

Sex *Color* Color Birth-place *Emmert.*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Wm Frazier*

Father's Birthplace *Washington D.C.*

Mother's Maiden Name *Rose Liddsey*

Mother's Birthplace *Md.*

Name of person giving Information *Wm Frazier*

Now related to deceased *Father*

CAUSES OF DEATH

(S)

Primary *Still born*

How long *7 1/2 mos.*

Immediate *Premature birth*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

Address

*Spurgeon Ward,*

*63 Lime Avenue*

Accident or Suicide?

*Strain*

Frazer

128. Winnipeg

Name  
in  
Full

Mary Froehlich

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	March	6	55	5	—		
Sex	Female.		Color or Race	White			
Occupation	House Keeper		Where Residing if not at place of death	—			
Married, Single or Widowed	Widow	Name of Husband	Priscilla Froehlich				
Father's Name	Justien Herbst		Father's Birthplace	Germany			
Mother's Maiden Name	do not know		Mother's Birthplace	Germany			
Name of person giving information	George Stark		How related to deceased	Cousin			

CAUSES OF DEATH

167

Primary

Barn (second degree)

How long

17 hours

Immediate

Shock

How long

17 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Jo.

Signature of Physician

Address

J.W. Dochsman  
Towson

Accident or Suicide  
accident



Name  
in  
Full

Margaret Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Seneca</u>		Town <u>Allegany</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>11</u>	Years <u>—</u>	Months <u>—</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Seneca</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Seneca</u>			
Father's Name <u>John Gardner</u>	Mother's Birthplace <u>Franklin Pa?</u>				
Mother's Maiden Name <u>Nellie Whitefield</u>	How related to deceased <u>Mother</u>				
Name of person giving Information <u>Mrs John Gardner</u>					

## CAUSES OF DEATH

152

Primary Emphysema How long 3 days  
 Secondary Cyanosis How long 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

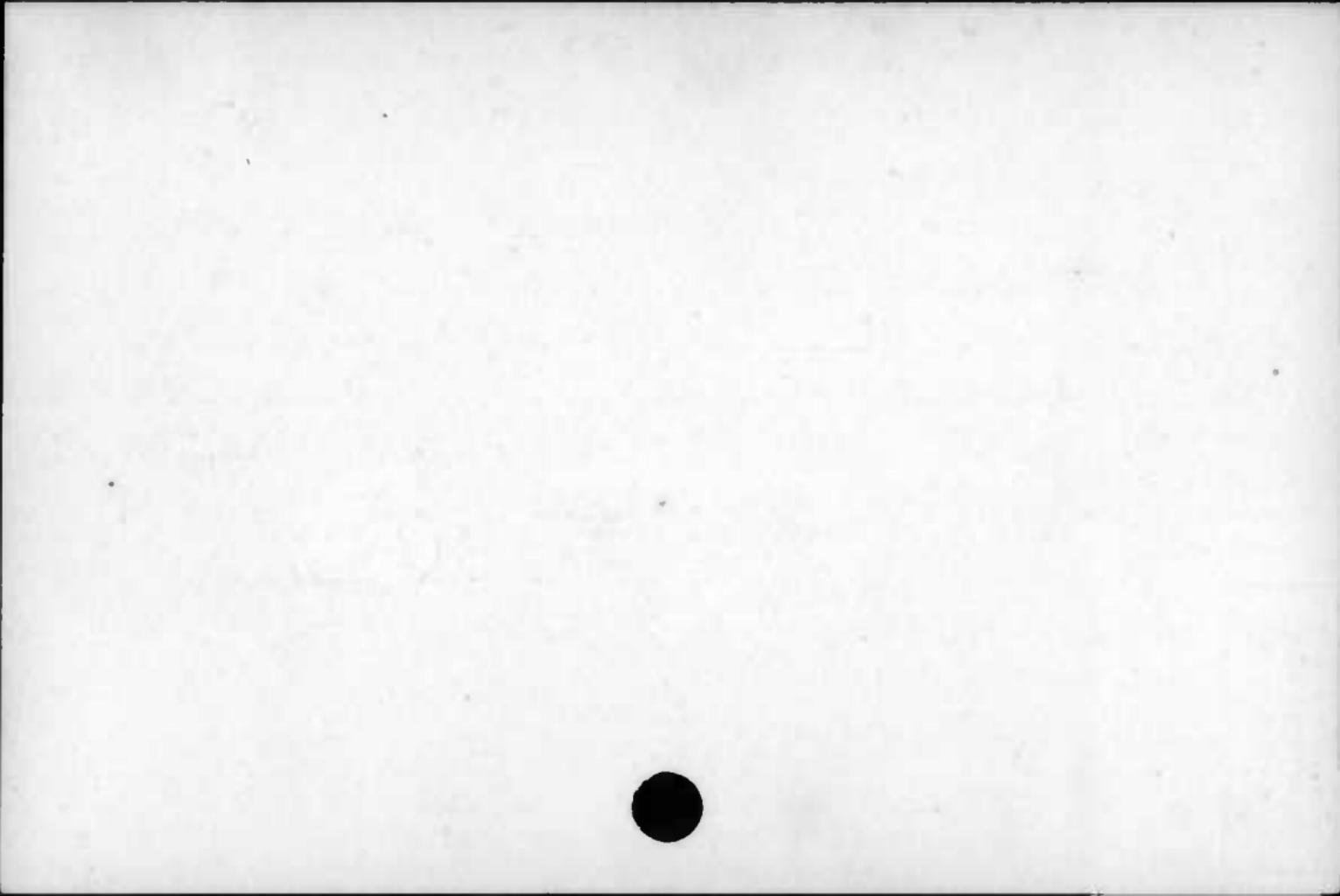
Signature of Physician

Address

James O. Bullock, M.D.  
Seneca, Md.

Accident or Suicide?

No



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Annie Gephart

Town

County

Died at Cresson

Alle

MARYLAND

Date of death 1908 Month Mar Day 22 Age 83 Years Months Days

Sex Female Color or Race White Birth-place Va  
Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John Gephart

Father's Name Mat known Father's Birthplace not known

Mother's Maiden Name not known Mother's Birthplace " "

Name of person giving information John McGray How related to deceased none

CAUSES OF DEATH

66

How long

2 days

How long

Primary Dystaxis

Immediate Exhaustion

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Thos H. Ford

Dumbarton

Koon

Sign

Accident or Suicide?

7 Elm St

George Gennett.

## CERTIFICATE OF DEATH

Died at <u>Frostburg</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>23</u>	Age <u>75</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Blair Co. Pa</u>		
Occupation <u>Carpenter</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Catharine E. Gennett</u>				Father's Birthplace <u>Pa.</u>	
Father's Name <u>Tank Gennett</u>				Mother's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Cecilia Latrell</u>						
Name of person giving information <u>Theodore Gennett</u>				How related to deceased <u>son</u>		

## CAUSES OF DEATH

41

Primary Carcinoma rectosigmoid How long 3 months

Immediate Exhaustion How long 5 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Nebrue  
Frostburg  
Wd

Accident or Suicide?

Haper

Gumat

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Emma Gleichman ✓

CERTIFICATE OF DEATH

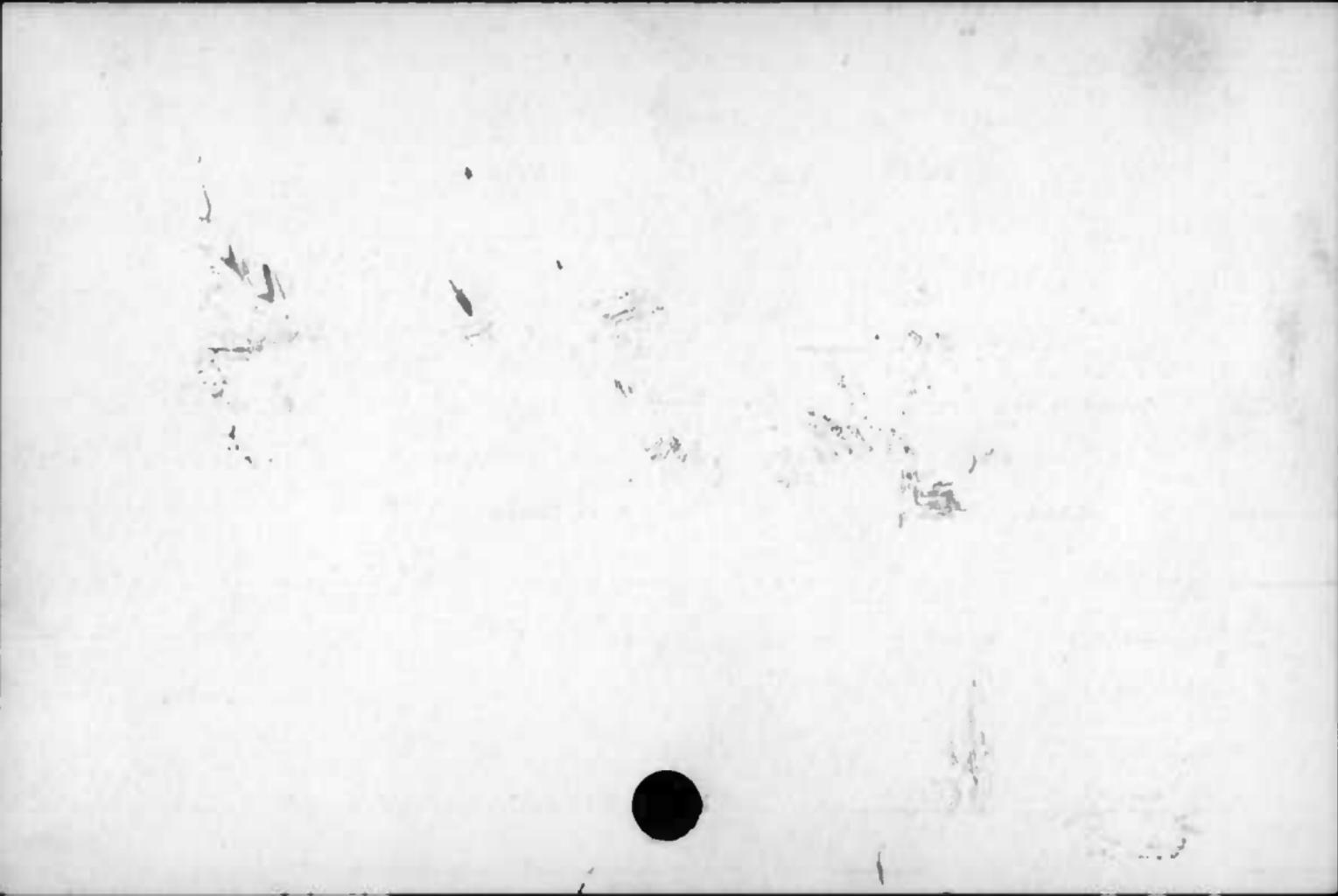
Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar.	Day 6	Years 42	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Cumberland.	
Occupation	Housewife		Where Residing if not at place of death		#7	Emily St.	
Married, Single or Widowed	Married.	Name of Wife or Husband	Chas. H. Gleichman		Gleichman.		
Father's Name	Lewis H. Soyster		Cumberland Md.		Father's Birthplace	Cumberland Md.	
Mother's Maiden Name	Sarah Soyster		Cumberland Md.		Mother's Birthplace	Cumberland Md.	
Name of person giving Information	Chas. H. Gleichman		Husband.		How related to deceased	Husband.	

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Uterine Fibro-myoma	
Immediate	Anterior dilatation after hysteroscopy	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
Statement	Address	
Accident or Suicide?	Cumberland, Md.	



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

May Gottlieb

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Cumde.

County

alleg.

Date  
of death

Month

Day

Years

Months

Days

1908 Mar

5

Age

71

—

—

Sex

male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Saloonkeeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Fannie Gottlieb

Father's  
Name

Dont Know

Father's  
Birthplace

Dont Know

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Jacob Gottlieb

How related  
to deceased

Son

CAUSES OF DEATH

95

Primary

Heart & Deiva of lungs

How long

48 hours

Immediate

Exhauastio

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

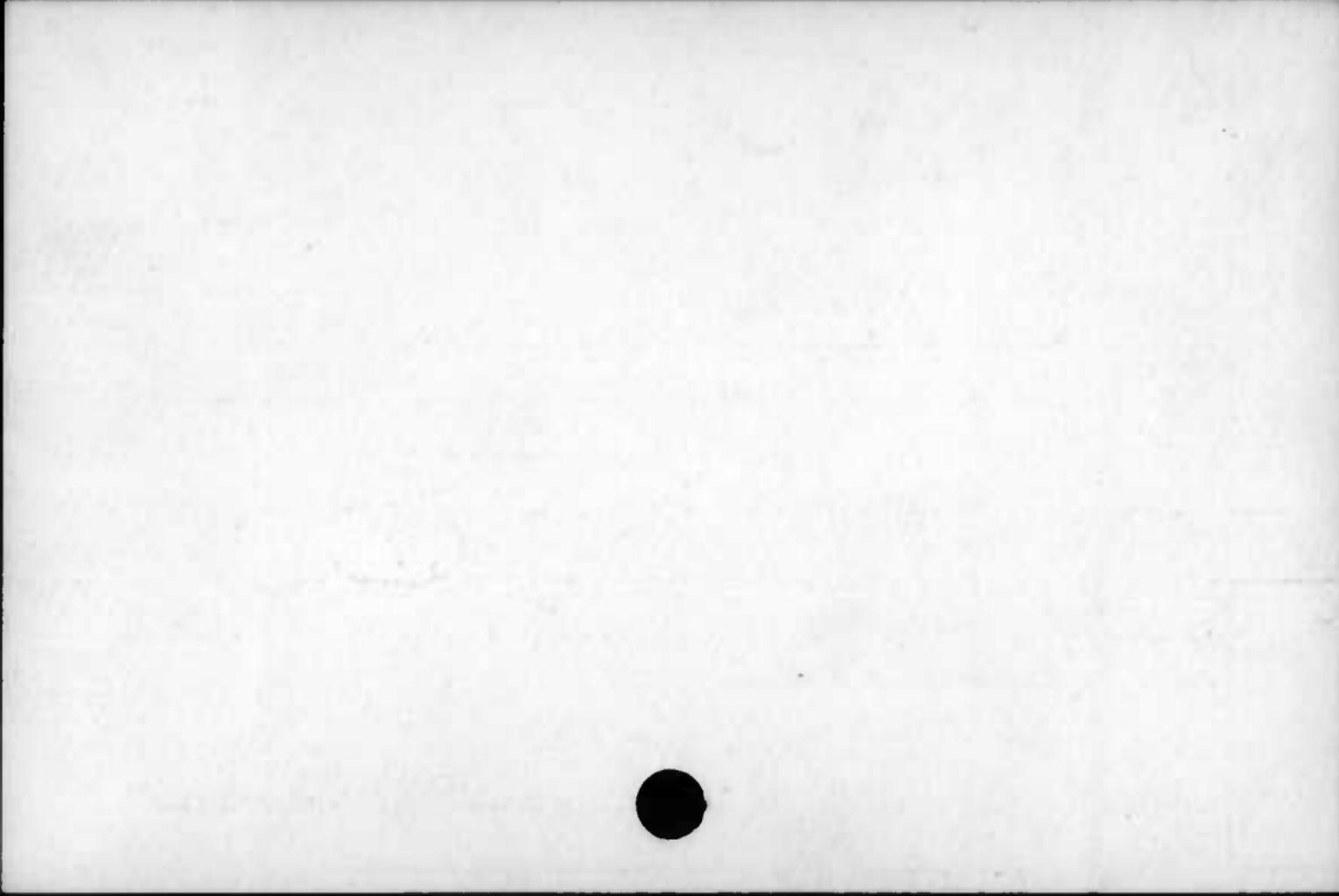
Thos. W. Lass

Address

21 Barberfield

res

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Rachael Grooms

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	March	23	19	-	-	13	
Sex	Female	Color or Race	White	Birth-place	Washg. D. C. ina		
Occupation	Domestic		Where Residing if not at place of death	Paca St			
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Robert Grooms		Father's Birthplace	Sharptburg Md			
Mother's Maiden Name	Catherine Phillips		Mother's Birthplace	Hornbeck Ma			
Name of person giving Information	Robert Grooms		How related to deceased	Father			

## CAUSES OF DEATH

118

How long

3 weeks

How long

12 hours

Primary

Appendicitis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

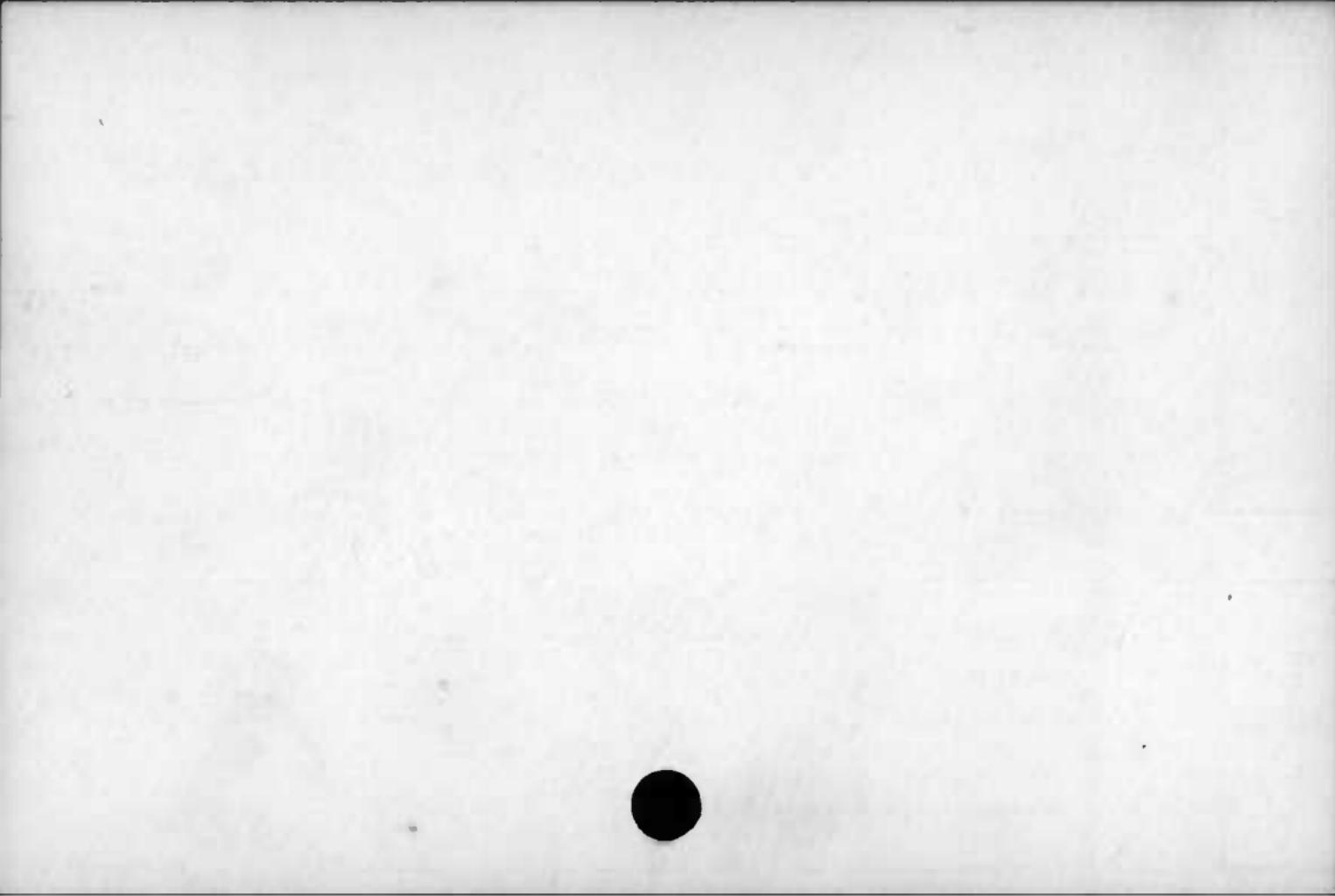
Address

J. M. Spear

Cumberland  
Md.

Accident or Suicide?

Stan.



Name  
in  
Full

Edward Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Easton

Town

County

MARYLAND

Date of death 1908 Month Mar

Day 2

Years 32

Age

Months

Days

Sex Male

Color or  
Race

Colored

Birth-  
place

Va

Occupation

Labored

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Blanche Hamilton

Father's  
Birthplace

New Haven

Father's  
Name

New Haven

Mother's  
Maiden Name

New Haven

Mother's  
Birthplace

New Haven

Name of person giving  
Information

Thomas Bush

How related  
to deceased

none

CAUSES OF DEATH

93

Primary

Auto Labor Freeman's

1st

Immediate

Exhaustion

6 day.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

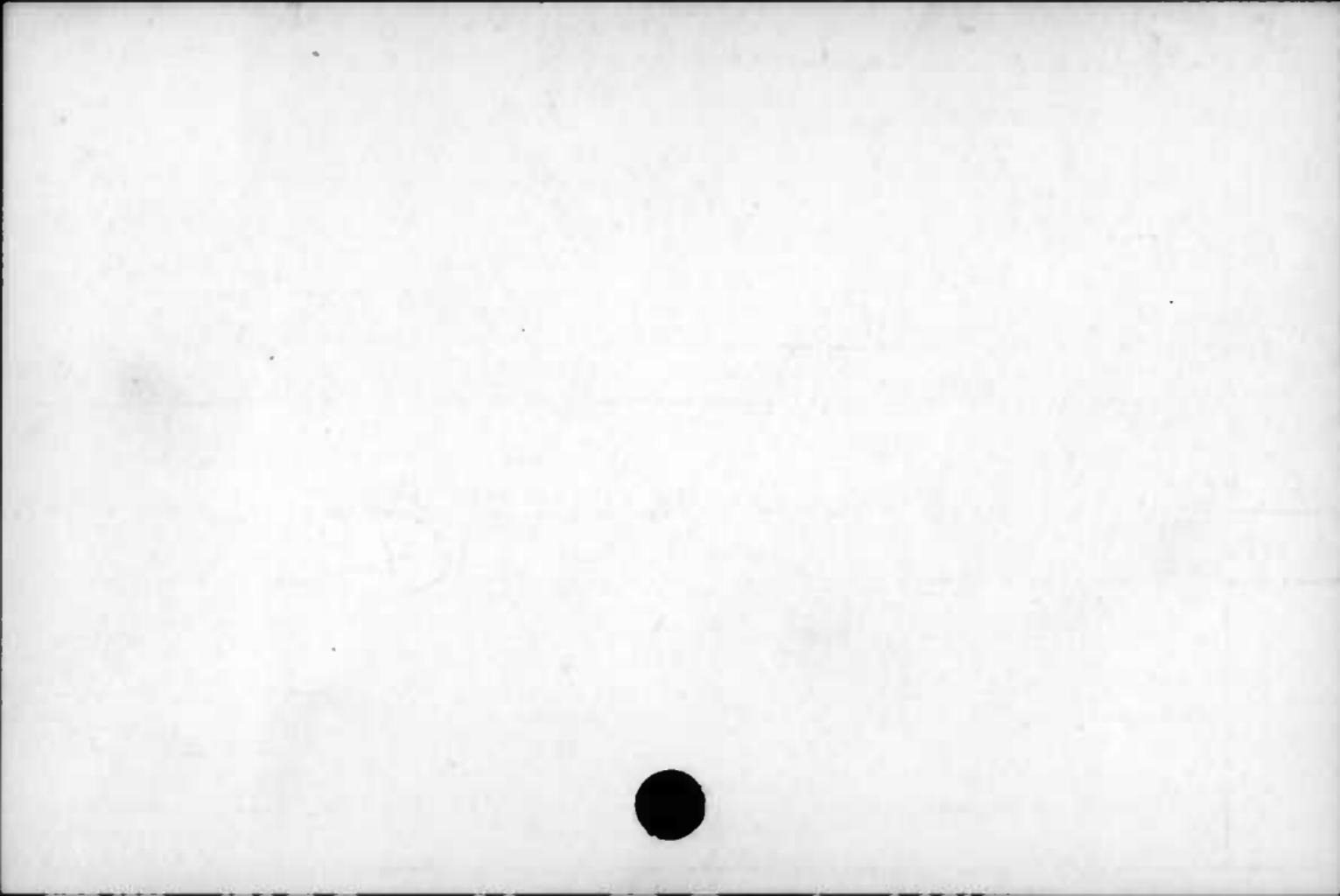
Signature of  
Physician

Address

Dr. J. T. G. G.  
Cambridge

Accident or Suicide?

None



Name  
in  
Full

Mrs. Melvina Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75	2	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Levi Hamilton			
Father's Name	Jacob Welford				
Mother's Maiden Name	Elizabeth Evans				
Name of person giving information	Martha J. Allen				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pruniania

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James J. Johnson, M.D.  
Cumberland Md.

How long

6 days

Accident or Suicide?



Name  
in  
Full

C. G. Hickman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Amundale alleg MARYLAND  
Town County  
Date Month Day Years Months Days  
of death 1908 March 9 69 - -

Sex Male Color or Race White Birth-place Boonsboro

Occupation Miller Where Residing if not at place of death Ellen St.

Married, Single or Widowed Married Name of Wife or Husband M. E. Hickman

Father's Name Thomas Hickman Father's Birthplace Donot know

Mother's Maiden Name Cathrine Dryuse Mother's Birthplace ma

Name of person giving information Lucy Welty. How related to deceased widow in law

CAUSES OF DEATH

120

How long

1 yr

How long

1 week

PHYSICIAN  
OR CORONER

Primary Interstitial Nephritis

Immediate Wrenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

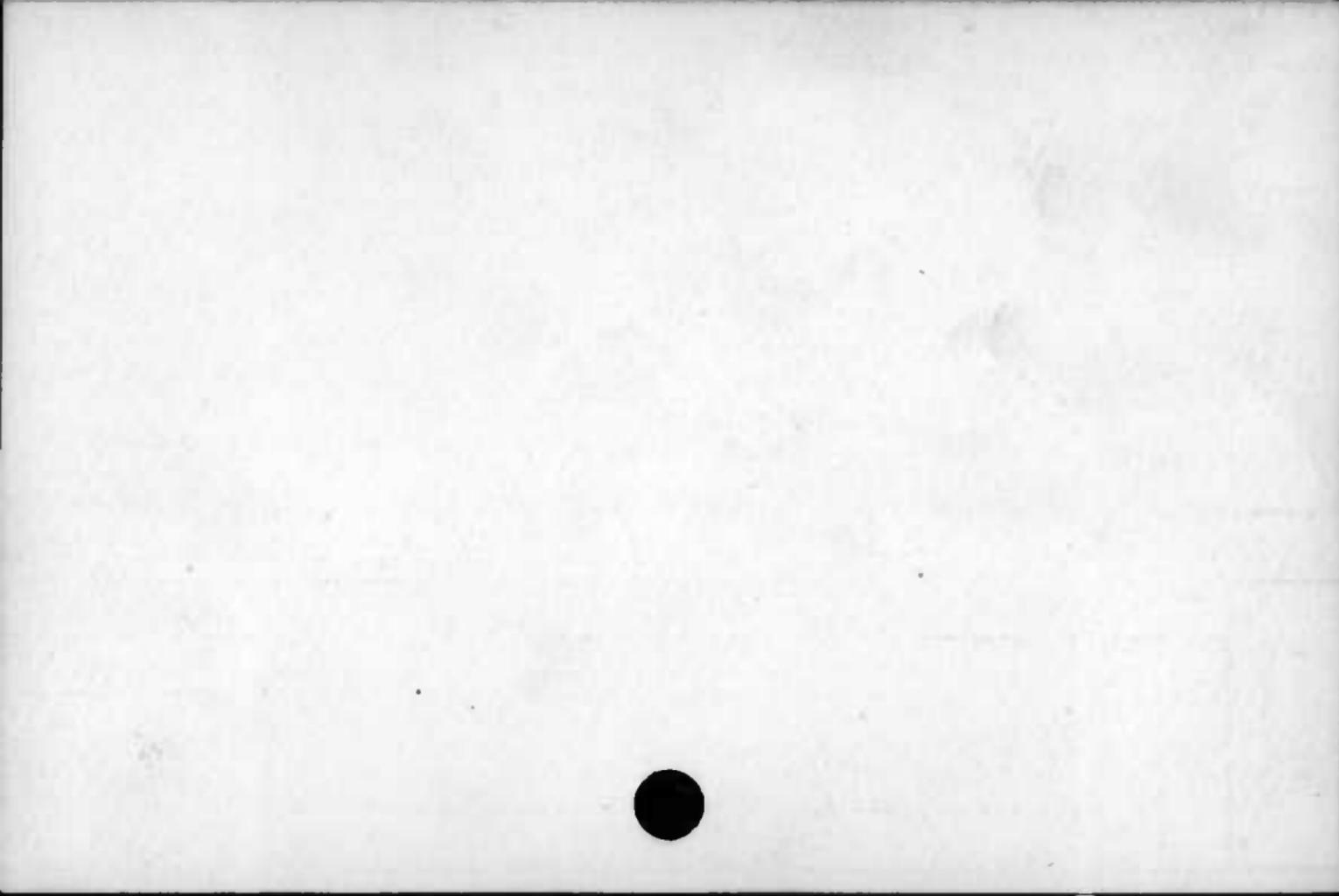
Address

Ebby L. L.

Amundale

Ma

Accident or Suicide?



Name  
in  
Full

John C Gaskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

McClure

County  
Allegheny

MARYLAND

Date  
of death

1908 March

Month

3<sup>rd</sup>

Day

Years  
28

Age

10

Months

1

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Allegheny Co

Occupation

Machinist

Where Residing if not  
at place of death

McClure

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

J. W. Gaskins

Father's  
Birthplace

Mineral Co W Va

Mother's  
Maiden Name

Gold L. Miller

Mother's  
Birthplace

Allegheny Co W Va

Name of person giving  
Information

J. W. Gaskins

How related  
to deceased

Brother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

Two years

How long

Immediate

"

"

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

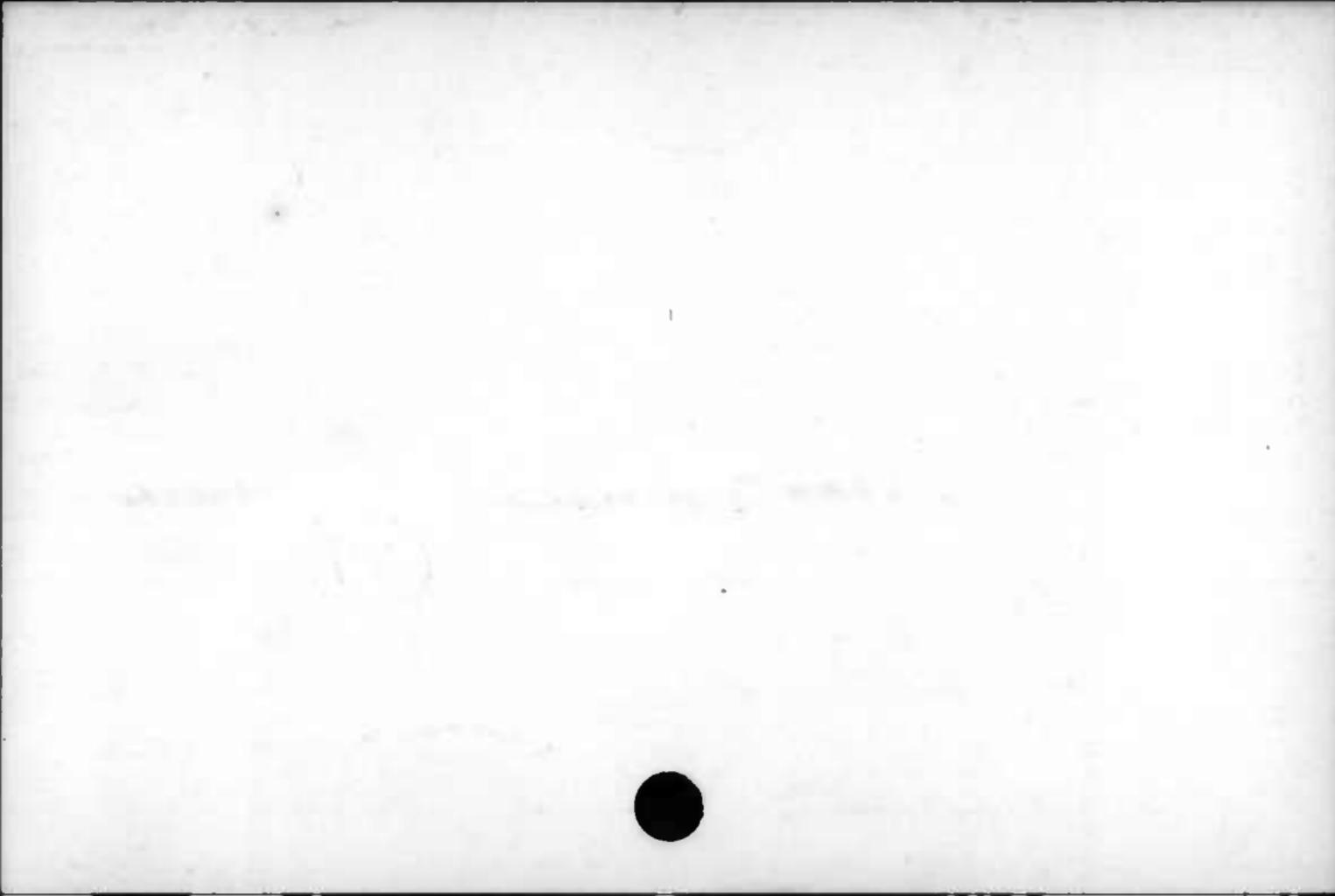
Signature of  
Physician

Address

O. H. Hoffman  
Kingsbury  
W Va

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Mary Elizabeth Isaacs.</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 1	Years 54	Months 0	Days 0	
Sex	Female		Color or Race	White		Birth-place	Keyser -
Occupation	Guest -		Where Residing if not at place of death		Keyser -		
Married, Single or Widowed	Widowed		Name of Wife or Husband	F. R. Isaacs -		Keyser -	
Father's Name	Geo P. Mahaney -		Father's Birthplace		Keyser -		
Mother's Maiden Name	Elizabeth Fayney		Mother's Birthplace		Lumberland Md		
Name of person giving information	Anna Isaacs -		How related to deceased		Daughter		

CAUSES OF DEATH

79

How long

8 months

How long

Dead suddenly while asleep

Primary

Heart disease

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

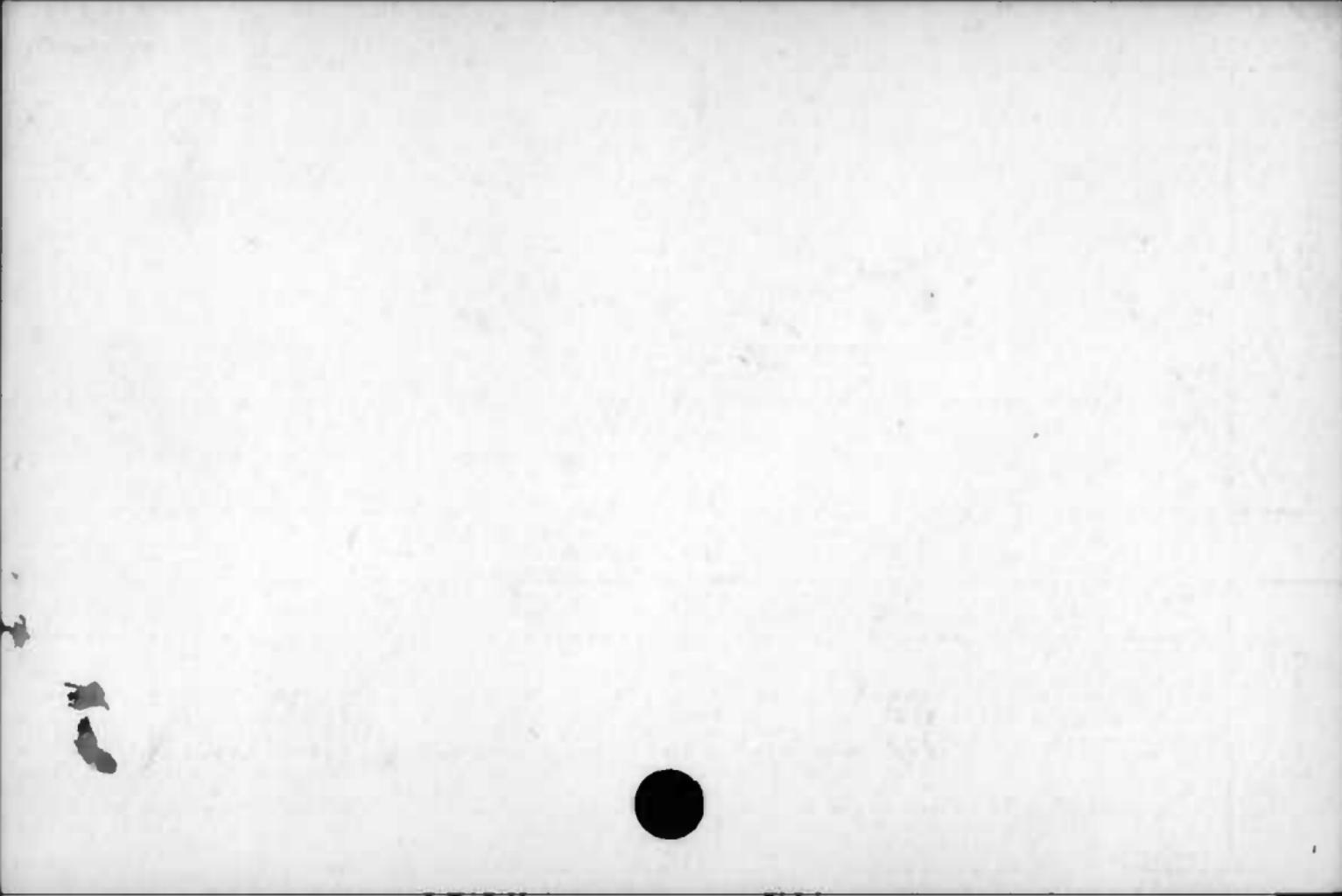
Signature of Physician

Address

W. H. Hedges  
Cumberland

Mo.

Accident or Suicide?



Name  
in  
Full

Mrs Ruth Jeffries.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Witer	Age	89.	18
Occupation	H.W.		Where Residing if not at place of death	Frostburg Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	John Jeffries			
Father's Name	Isaac Tony.		Father's Birthplace	Gloster England		
Mother's Maiden Name	Mariq Hayward.		Mother's Birthplace	Gloster England		
Name of person giving information	James B Jeffries.		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary chronic Dilatation Heart

79

How long

5 years

Immediate cardiac Failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Shorewood Hospital  
Frostburg, Md.

Address

Accident or Suicide?

Alb. Cem.  
Town

J. Hafer  
Undertaker

Name  
in  
Full

Walter Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Age	76	
Occupation	Laborer		Where Residing if not at place of death	Dwelling		
Married, Single or Widowed	Single.		Name of Wife or Husband			
Father's Name	John Johnson		Father's Birthplace	Dwnt. Know		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of lungs

How long

3 mos.

Immediate

Exhaustion

How long

Two wks.

Are the name, age, sex, color, date and place correctly given above?

yes

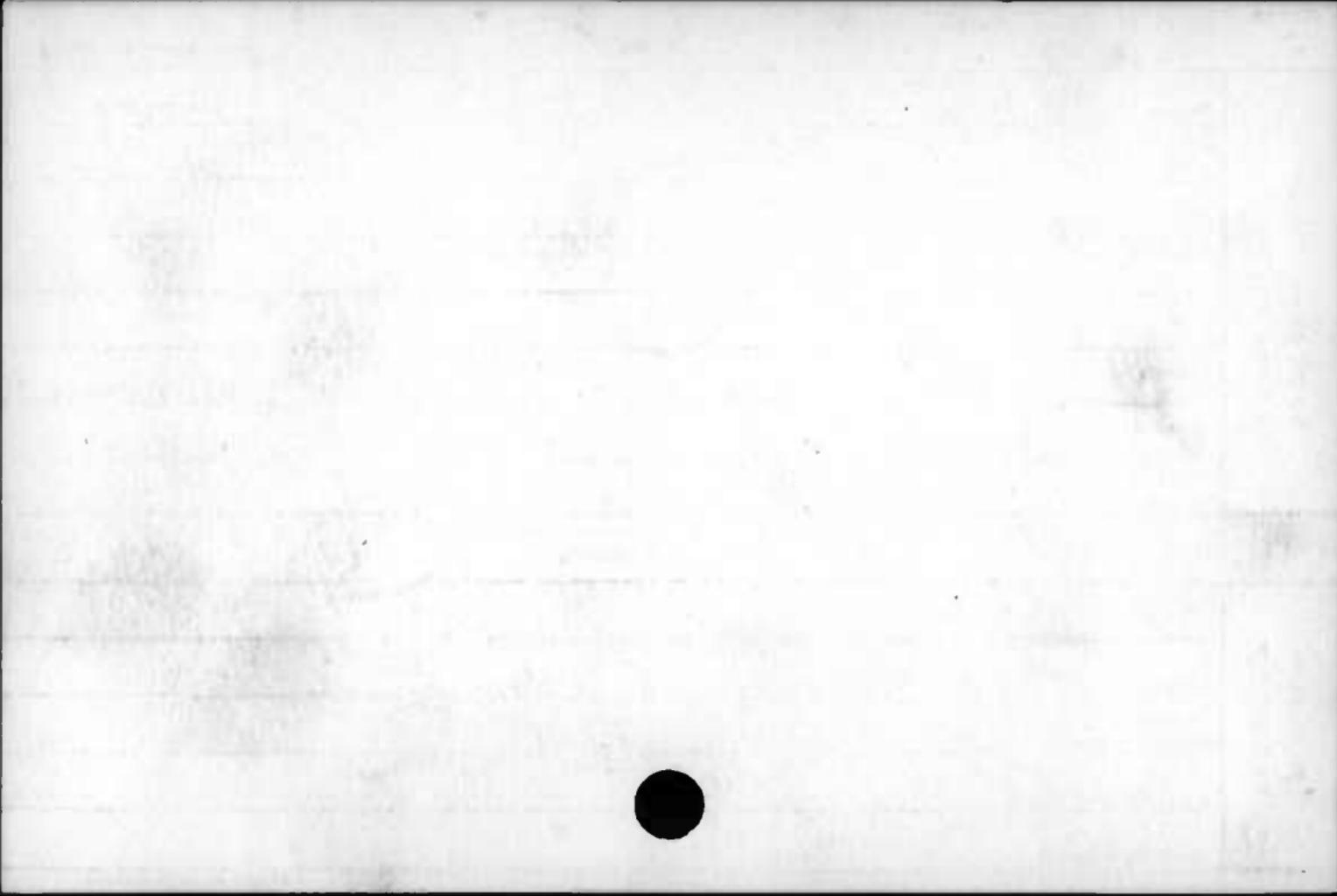
Signature of Physician

Address

Surgeon General's Hospital  
63 1/2 mechanic St

Accident or Suicide?

no



Name  
in  
Full

Albert Herchival

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland		Allegany					
Date of death	1908	Month Mar	Day 4	Years 2	Months 0	Days 2	
Sex	Male	Color or Race	white		Birth-place		Cumberland Md
Occupation	Infant		Where Residing if not at place of death		-		
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	John Herchival				Father's Birthplace		
Mother's Maiden Name	Maggie Hardy				Cumberland Md		
Name of person giving information	John Herchival				Mother's Birthplace		
				How related to deceased			Father

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Pneumonia

How long 2 weeks

Immediate Meningitis

How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. S. Duse  
Cumberland Md

John

Accident

301. mæ. acc.

Chus Horner

Name  
in  
Full

Lindsay

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1908 March 30

Age

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Montgomery  
Md

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Lawrence Lindsay

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Emrich

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mary Emrich

How related  
to deceased

Daughter

CAUSES OF DEATH

151

Primary

Premature birth 7 mos

How long

7 m

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

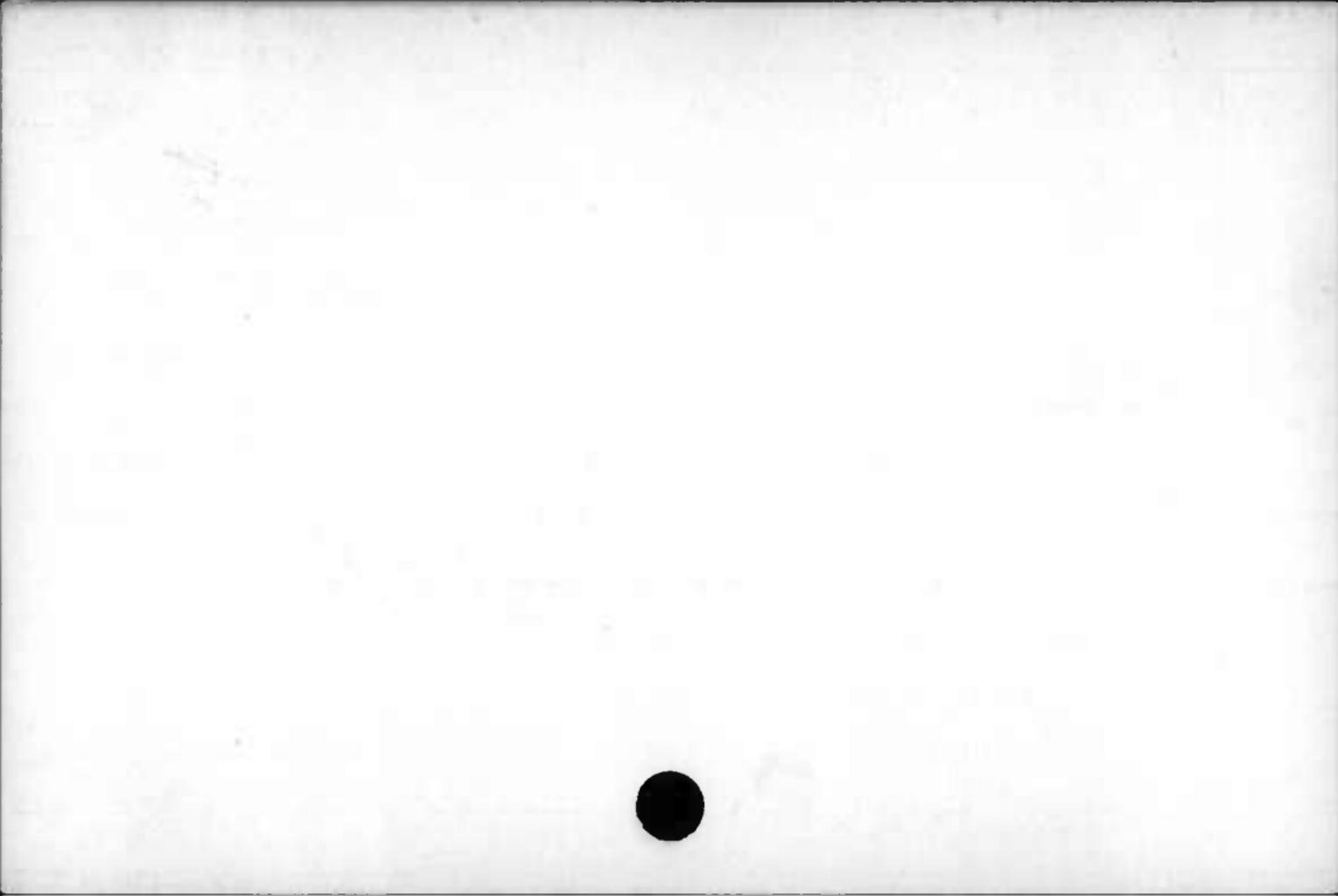
F. Alan G. Kennedy

Address

Montgomery  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name		Town		County		MARYLAND	
Robert Jackson Gong		New Leonard		Alleg			
Date of death	1908	Month	Mar	Day	22	Years	49
Sex	Male	Color or Race	White		Birth- place	Va	
Occupation	None		Where Residing if not at place of death		Oldtown road		
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Name	Lck Gong	
Father's Name	Lck Gong				Father's Birthplace	Va	
Mother's Maiden Name	Nancy Gibson				Mother's Birthplace	Va	
Name of person giving Information	Murf E Valentine				How related to deceased	Sister	

CAUSES OF DEATH

64

How long

1 da

PHYSICIAN  
OR CORONER

Primary

Apoplexy  
Exhaustion

Immediate

How long

1 da

Are the name, age, sex, color, date  
and place correctly given above?

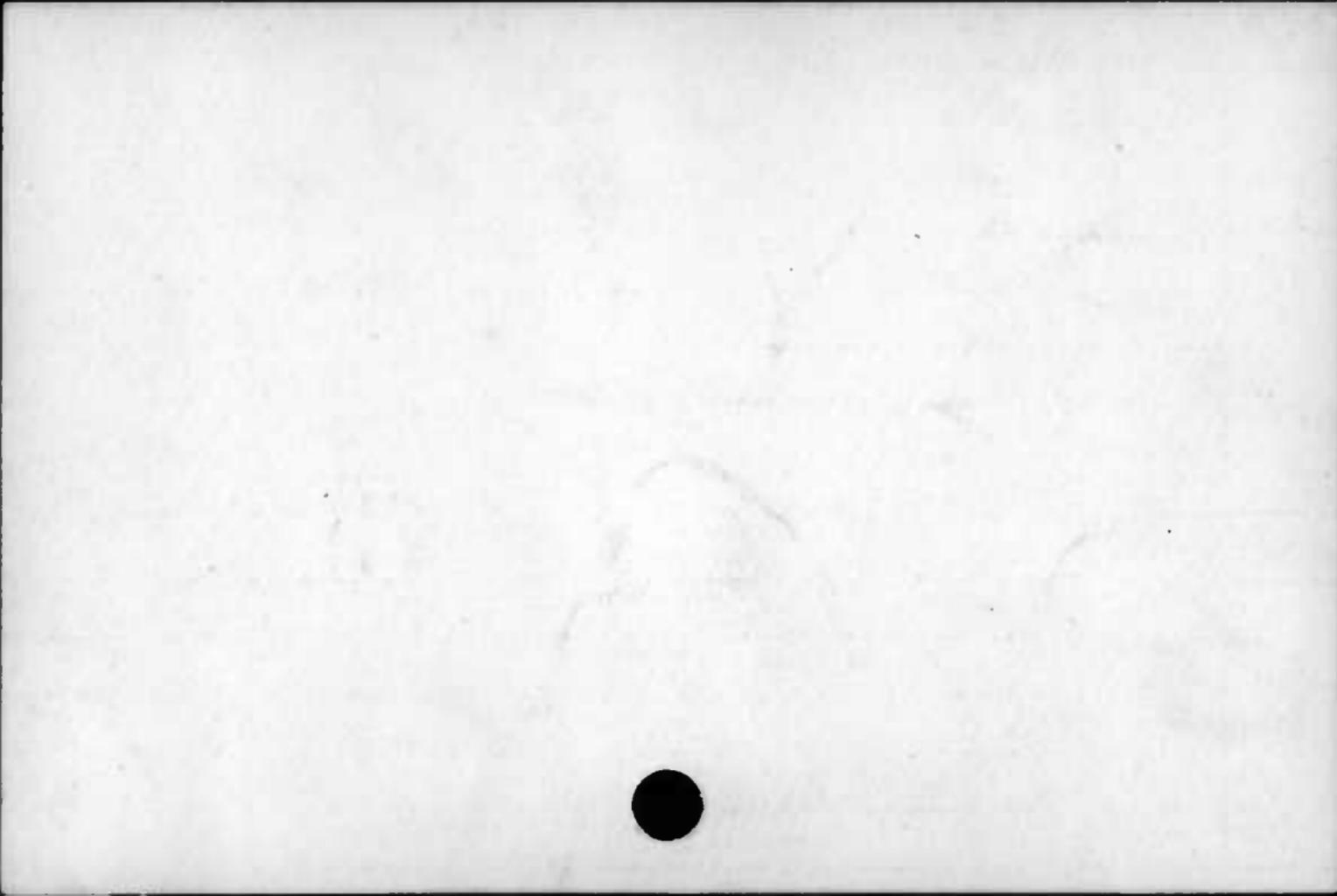
yes

Signature of  
Physician

Dr G. L. George  
Cumberland  
Md

Address

Accident or Suicide?



Name  
in  
Full

Leo Markert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Mar	17	13	11		
Sex	Male	Color or Race	White	Birth-place	Par	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Markert					
Mother's Maiden Name	Mary Schellhans					
Name of person giving information	Lury Markert					

CAUSES OF DEATH

27

How long

Some years

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Lewis  
Lambert

Accident or Suicide?



Name  
in  
Full

William Menhorne

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND



Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 30	Years 3	Months 6	Days 7
Sex	Male	Color or Race	White	Birth-place	Pa.	
Occupation	none	Where Residing if not at place of death			-	
Married, Single or Widowed	Single	Name of Wife or Husband	none			
Father's Name	George Menhorne	Father's Birthplace	Id			
Mother's Maiden Name	Reita Merkell	Mother's Birthplace	Pa			
Name of person giving information	John B Merkell	How related to deceased	Pa			

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary

Acute nephritis

How long

3 days

Immediate

Nest Tumor

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos. H. Foy  
C. C. H. Hospital  
C. C. H. Hospital

Address

Accident or Suicide?

Colombia St

3 Mi. S. of Gross -

next to Post

Name  
in  
Full

Joseph Murphy

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town		County		MARYLAND		
Died at	Ocean	Age	2	Months	3	Days
Date of death	1908 March	Day	31	Years	2	Months
Sex	Male	Color or Race	white	Birth-place	Ocean, Md.	
Occupation				Where Residing if not at place of death	Ocean, Md.	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	John Murphy			Father's Birthplace	Ocean, Md.	
Mother's Maiden Name	Susan Mc Mahon			Mother's Birthplace	Vale Summit,	
Name of person giving information	John Murphy			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Measles			How long	10 days	
Immediate	Measles & Bronchopneumonia			How long	4 days	

⑥

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. P. O'Neill M.D.

Address

Midland, Md.

Accident or Suicide?



Name  
in  
Full

Richard D Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1908

Mar 19

Age 18

Sex

Color or  
Race

White

Birth-  
place

Md

Occupation

Labourer

Where Residing if not  
at place of death

#25 Oldown road

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Isaac W. Morris

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary C. Connor

Mother's  
Birthplace

Md

Name of person giving  
Information

Isaac W. Morris

How related  
to deceased

Father

CAUSES OF DEATH

27

Primary

Tuberculosis Pulmonalis

How long

One year

Immediate

Exhaustion

How long

One day

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

T.B. McDonald  
Cumberland, Md  
McDonald

Address

Accident or Suicide?



Name  
in  
Full

Anna Louise O'Neus

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Cumberland</u> Town			County <u>Allegheny</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>11</u>	Age <u>43</u>	Years <u>43</u>	Month <u></u>	Days <u></u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Baltimore</u>				
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Cumberland</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edwin T. O'Neus</u>		Father's Birthplace <u>Baltimore</u>				
Father's Name <u>Laurence P. Davis</u>	Mother's Birthplace <u>Philadelphia</u>						
Mother's Maiden Name <u>Ecenia A. Seeger</u>	How related to deceased <u>Husband</u>						
Name of person giving information <u>Edwin T. O'Neus</u>							

CAUSES OF DEATH

116

How long

How long

PHYSICIAN  
OR CORONER

Primary

Peritonitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

G.B. McDonald

Address

Cumberland Md.  
Md.

Accident or Suicide?

MacDonald

Name  
in  
Full

Alfredo Papa

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Mar	5	2	+	14	
Sex	Color or Race	Birth-place				
Male	White	Pa				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	—				
none	none	—				
Father's Name	Frank Papa					Father's Birthplace
Mother's Maiden Name	Rosa Antonia					Mother's Birthplace
Name of person giving information	Frank Papa					How related to deceased
						Father

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Bronch & pneumonia		How long
Immediate	Exhaustion		10 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
Stein	Q. D. Dup	Address	3 days
Accident or Suicide?	Cumberland Md Anke		



Name  
in  
Full

Sarah Parren

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

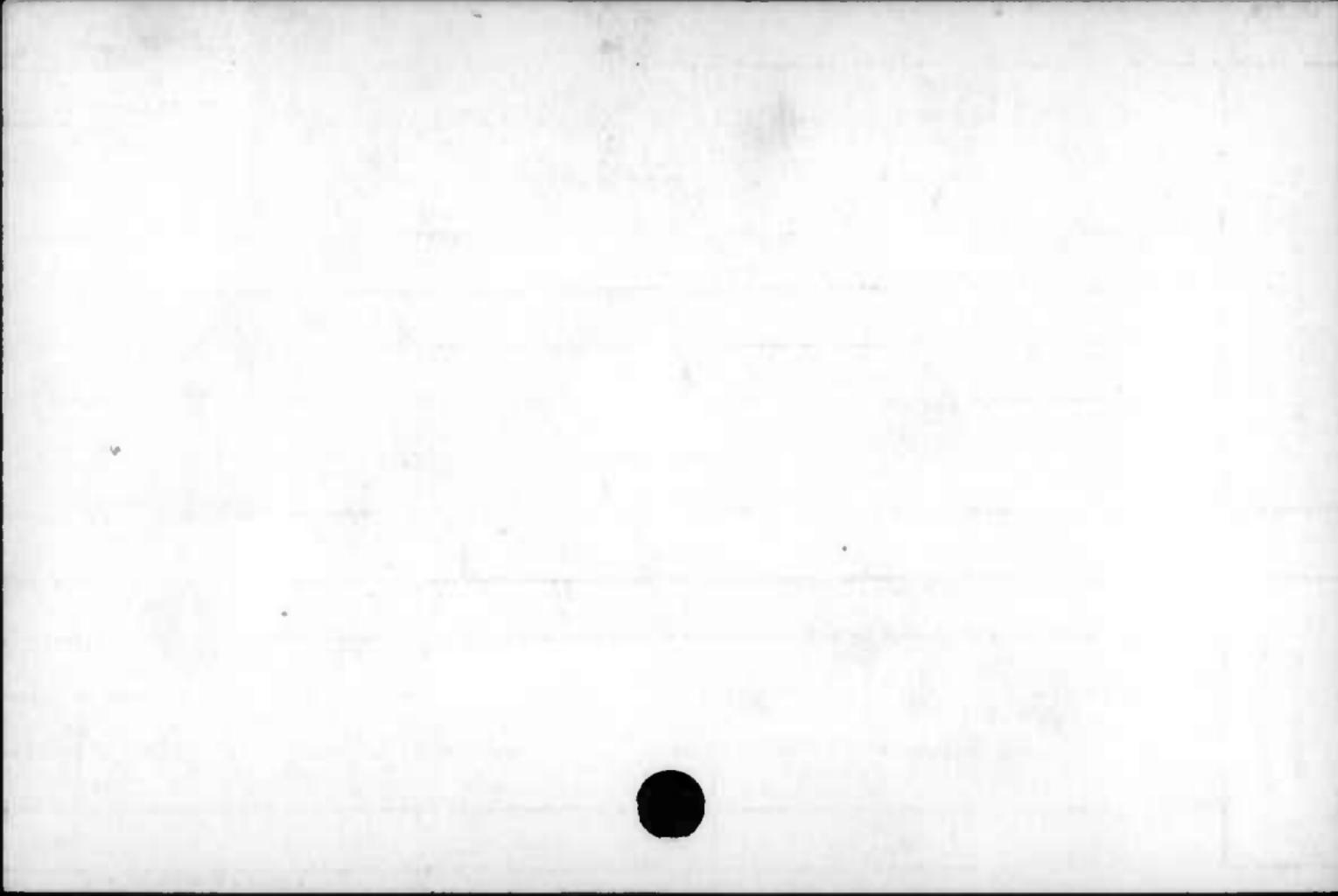
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	27	Age 61		
Sex	Funeral	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation	Housewife		Agnes Parren	Pa	
Married, Single or Widowed	Widow	Name of Wife or Husband	Samantha Hook		
Father's Name			Father's Birthplace	Pa	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Tildie Bon		How related to deceased	Sister	

CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis		How long	several years
Immediate	Abscess in Lung		How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan G. Nunayko	
		Address	115 Savage	
Accident or Suicide?		Accident		



Name  
in  
Full

Robert S. Pollock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	90 8	Month 3	Day 11	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	West Bend,	
Occupation	Farmer		Where Residing if not at place of death	West Bend		
Married, Single or Widowed	Single		Name of Wife or Husband	Unknown		
Father's Name	J. H. Pollock		Father's Birthplace	Monaca Pa		
Mother's Maiden Name	H. P. Daumeter		Mother's Birthplace	Morgifld.		
Name of person giving Information	James Pollock		How related to deceased	Brother		

CAUSES OF DEATH

112

How long

2 yrs.

How long

—

Primary

Cirrhosis of Liver

Immediate

Exsanguination

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Asst. Dr. Franklin  
Cumberland Md.

Accident or Suicide?

Franklin

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Barber		Town Barber		County Allegany		MARYLAND	
Date of death 1908	Month March	Day 16	Age 63	Years 7	Months 7	Days 17	
Sex Female	Color or Race White	Birth- place Scotland					
Occupation Housewife	Where Residing if not at place of death X						
Married, Single or Widowed Widow	Name of Wife or Husband Wreshawh Preston						
Father's Name John	Greenham	Father's Birthplace Scotland					
Mother's Maiden Name Margaret Robison		Mother's Birthplace Scotland					
Name of person giving Information Janette Kirk		How related to deceased Sister					

CAUSES OF DEATH

112

How long  
About 10 days

How long

Primary

Hepatitis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

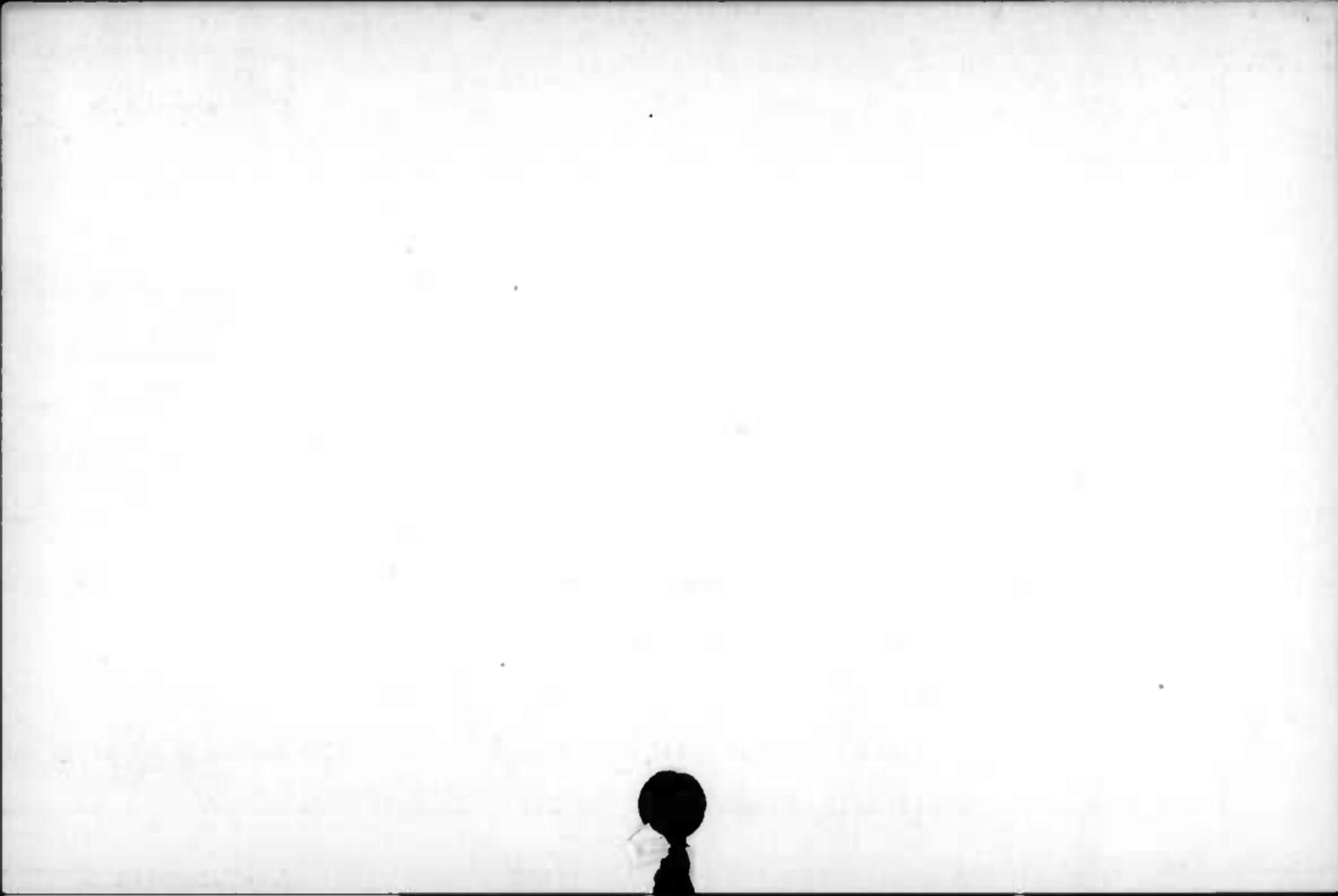
Yes

Signature of  
Physician

Address

A. Boncher  
Bartow Md

Accident or Suicide?



Name  
in  
Full

William Roberts

CERTIFICATE OF DEATH

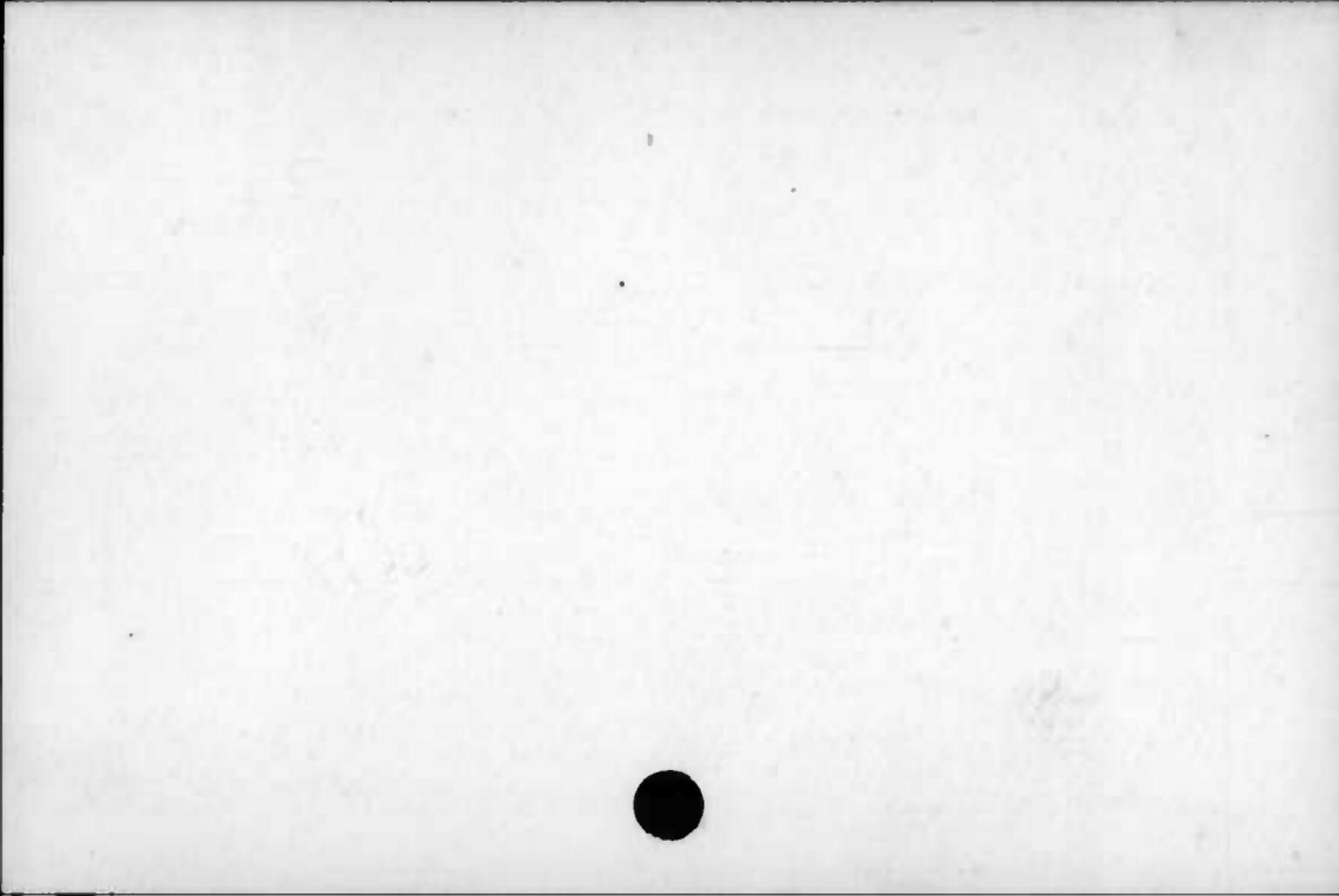
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	80	—	—	
Occupation	Laborer		Where Residing if not at place of death	—			
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Newlinson		Father's Birthplace	Newlinson			
Mother's Maiden Name	Newlinson		Mother's Birthplace	Newlinson			
Name of person giving information	Peter Wilson		How related to deceased	No			

✓

PHYSICIAN  
OR CORONER

Primary		CAUSES OF DEATH		66
Dyslipidic (varicose) lymphangiitis		How long		8 yrs
Immediate		How long		2 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		M. J. Surgg
Yes		Address		Embaland, Md.
Incident or Suicide?				



David H. Saucer

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Cumberland	Allegany					
Date of death	1908	Month	Day	Years	Months	Days	
	Mar		27	Age 36	-	-	
Sex	Male	Color or Race	White	Birth-place	Preston Co. W. Va		
Occupation	Lumberman	Where Residing if not at place of death			Berlin		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. S. Saucer				
Father's Name	Wm. S. Saucer	Name of Wife or Husband			Md.		
Mother's Maiden Name	Lucia R. Shaffer				W. Va.		
Name of person giving information	Wm. S. Saucer.				Father		

## CAUSES OF DEATH

61

How long

10 days

How long

4 days

Primary

Meningitis  
Exhaustive

Immediate

yes

Signature of Physician

Address

Dr. A. J. Tidwell  
Cumberland  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Jeanette Schley,					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 21	Age 4	Years	Months 5	Days
Sex	Female	Color or Race	White		Birth-place	Lonaconing	
Occupation	none		Where Residing if not at place of death		—		
Married, Single or Widowed	Name of Wife or Husband		—		—		
Father's Name	Roy B. Schley		—		Father's Birthplace	New York	
Mother's Maiden Name	Elizabeth Jeffries		—		Mother's Birthplace	Lonaconing	
Name of person giving information	Roy B. Schley		—		How related to deceased	Father	

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary

Peritonitis, Intestinal, 6 weeks

Immediate

Capillary Bronchitis 2 weeks

Are the name, age, sex, color, date and place correctly given above?

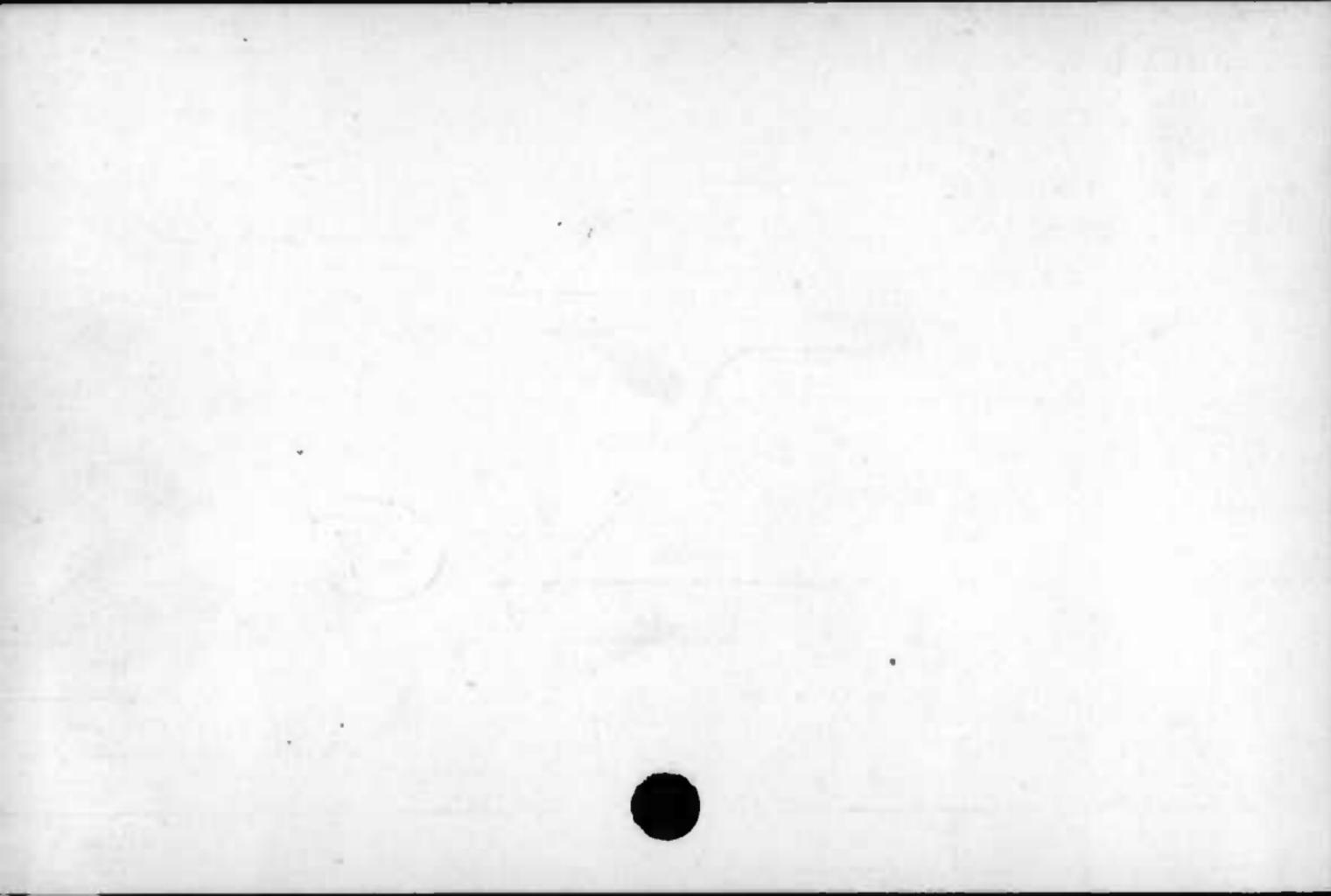
Yes

Signature of Physician

Address

W.B. Skilling M.D.  
Lonaconing

Accident or Suicide?



Name  
in  
Full

Margarete J. Gleichman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 4	Years 79	Months —	Days —	
Sex	Female	Color or Race	White	Birth-place			Germany
Occupation	retired House Keeper			Where Residing if not at place of death			—
Married, Single or Widowed	Widow	Name of Wife or Husband	John. T. Gleichman			Father's Birthplace	Germany
Father's Name	Do not Know			Mother's Birthplace			Germany
Mother's Maiden Name	Do not Know			How related to deceased			Son
Name of person giving information	Charles Gleichman						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Intestinal nephritis

120

How long

pre  
mercy

Immediate

Chastain

How long

mercy

Are the name, age, sex, color, date and place correctly given above?

yes

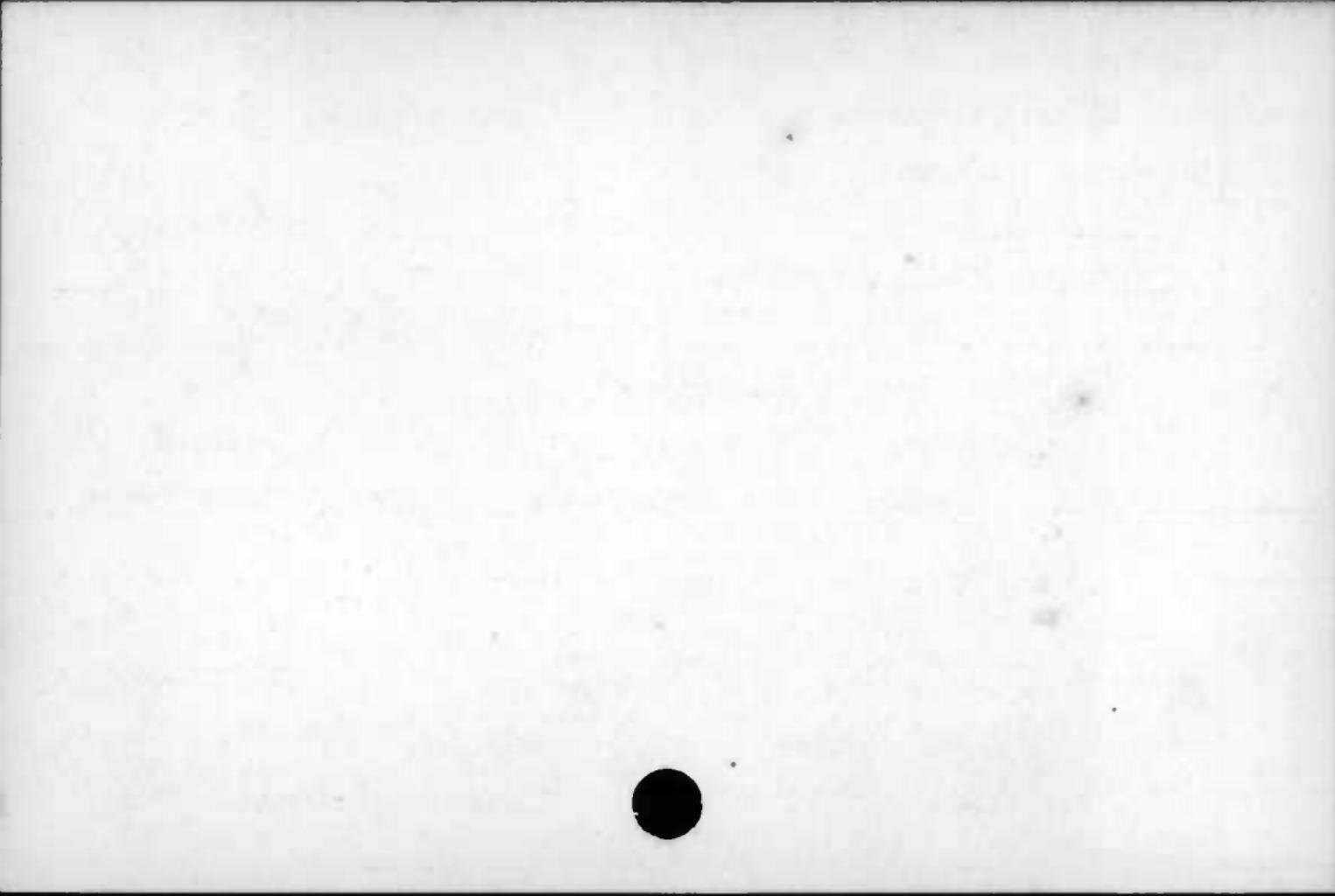
Signature of Physician

Address

J. W. Gleichman

Fightman

Accident or Suicide?



Name  
in  
Full

Senora B. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

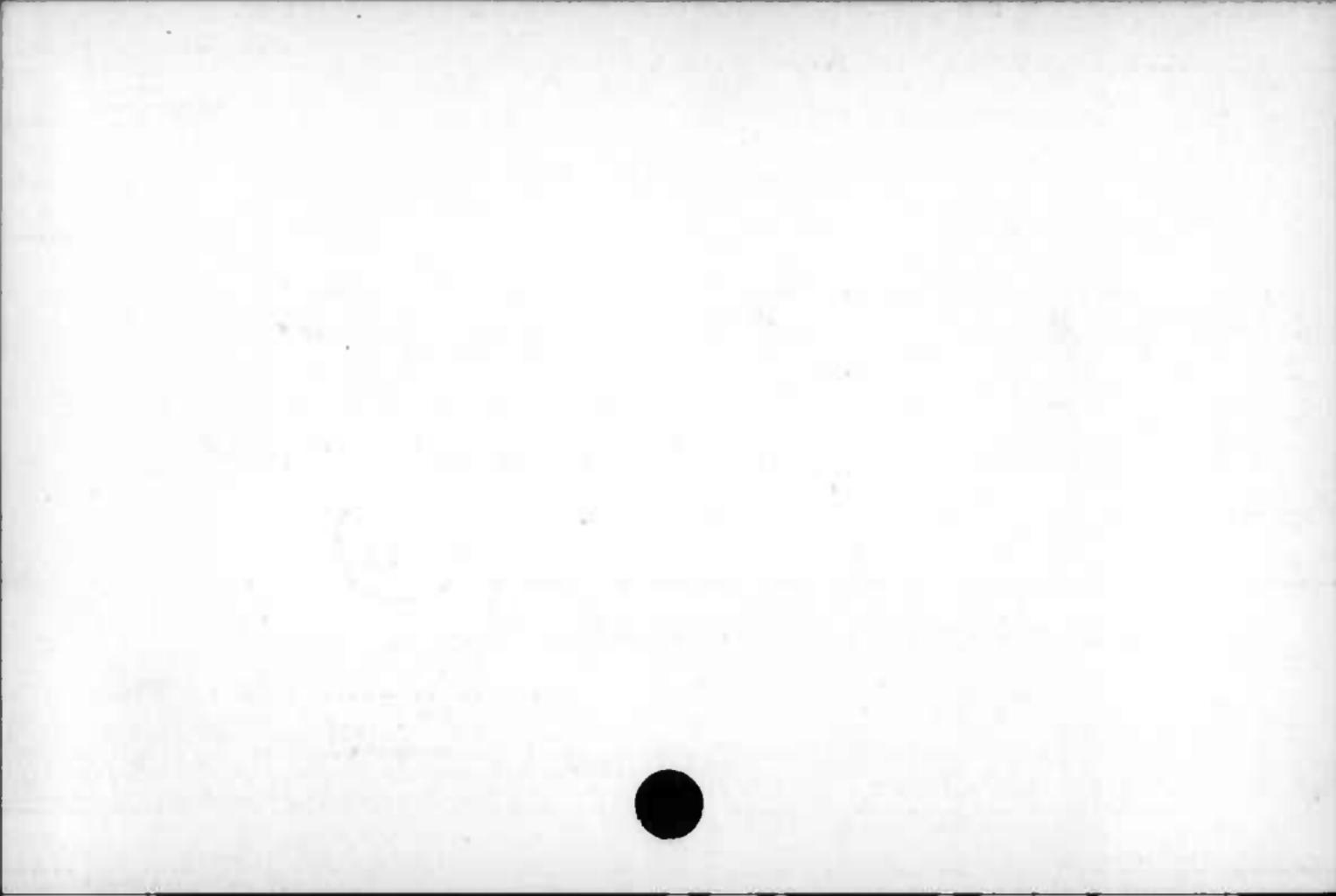
Died at		Town	County		MARYLAND	
Date of death	1908	Month Mar	Day 4	Years 40	Months 0	Days
Sex	Female	Color or Race	white		Birth-place	Illinois
Occupation	Housewife (Massachusetts)		Where Residing if not at place of death	-		
Married, Single or Widowed	Married	Name of Wife or Husband	James M. Smith		Father's Birthplace	va
Father's Name	Wm. Brookover				Mother's Birthplace	Ghent Pa
Mother's Maiden Name	Sarah Rose				How related to deceased	Husband
Name of person giving information	Sarah M. Smith					

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	acute Peritonitis		How long	6 days
Immediate	Intestinal obstruction		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. J. Burke
			Address	Emberyland Md
Accident or Suicide?				



Edward Stein.

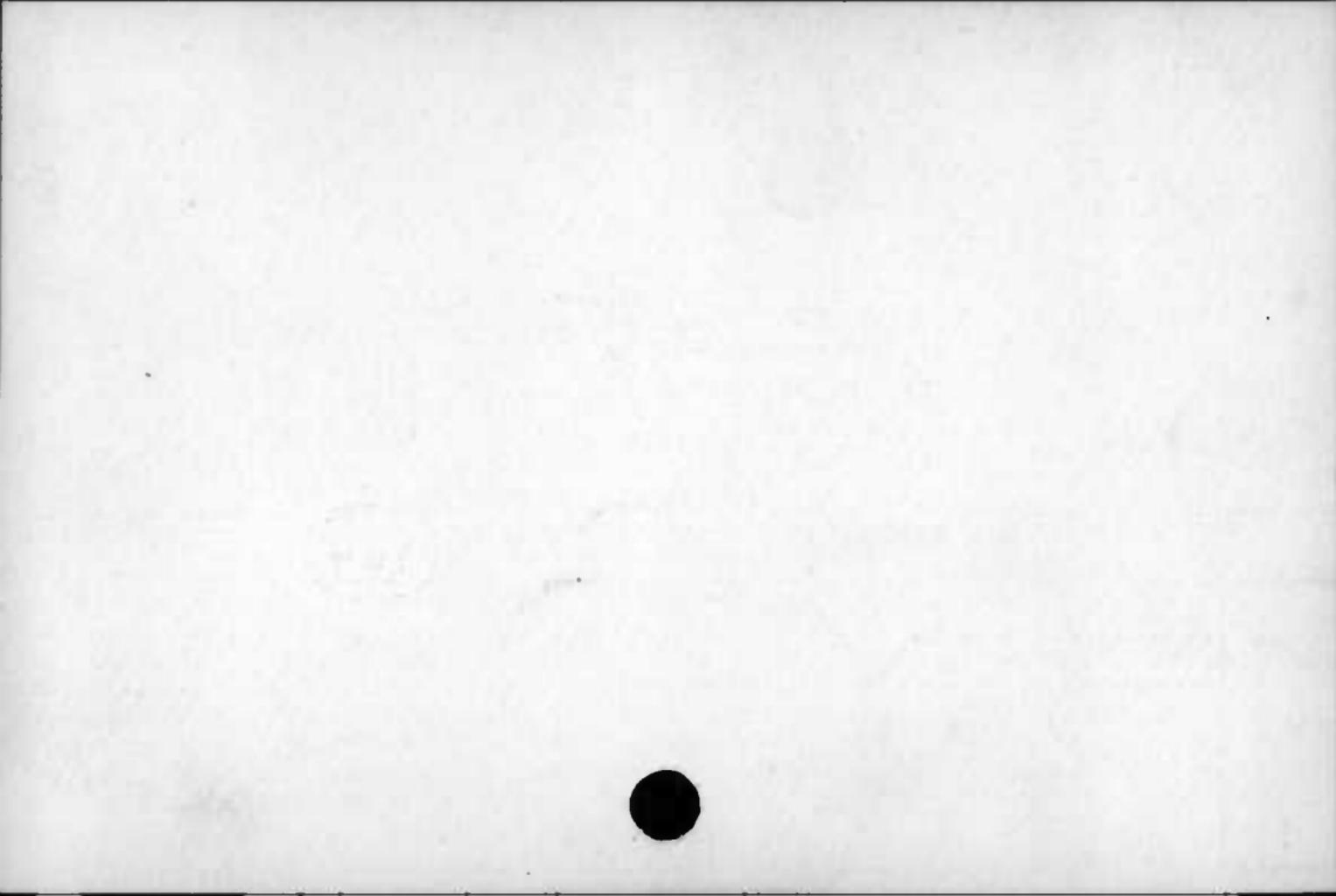
## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Cumberland</u>		County <u>Allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>10</u>	Years <u>45</u>	Months <u>1</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland, Md.</u>				
Occupation <u>Driver</u>	Where Residing if not at place of death <u>Town St</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharine Stein</u>	Father's Birthplace <u>Germany</u>				
Father's Name <u>Jacob Stein</u>	Mother's Birthplace <u>Baltimore, Md.</u>					
Mother's Maiden Name <u>Elizabeth Young</u>	How related to deceased <u>Brother</u>					
Name of person giving information <u>Loris Stein</u>						
Fall from wagon, striking head on stone-bile.						
CAUSES OF DEATH						
Primary <u>Fracture skull.</u>	How long <u>164</u>					
Immediate <u>Exhaustion</u>	How long <u>6 days-</u>					
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Twigg.</u>					
<u>Stein</u>	Address <u>Cumberland, Md.</u>					
Accident <u>3110</u>	Accident <u>3110</u>					



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

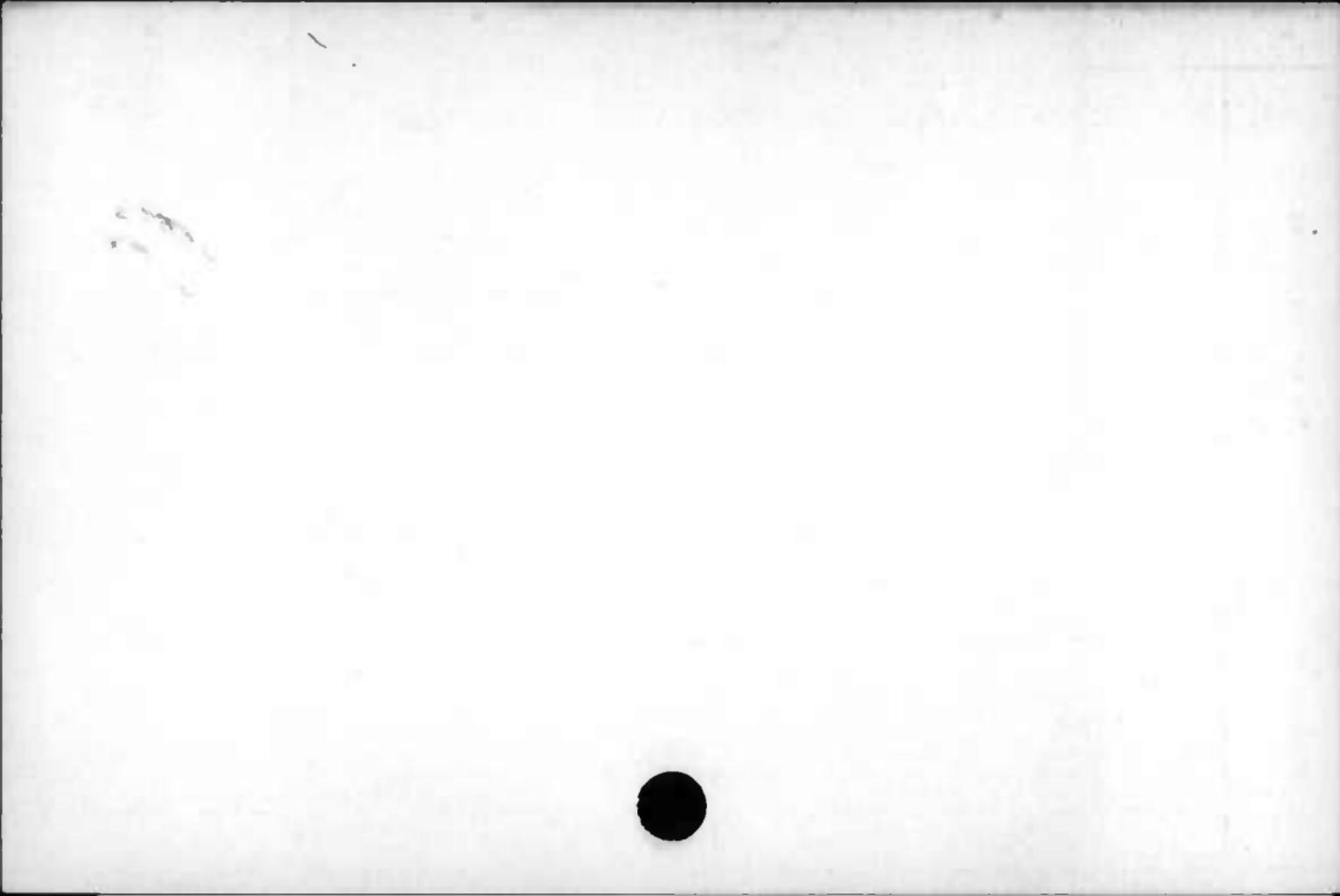
<i>James G. Stokes</i>				CERTIFICATE OF DEATH		
Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	March	13	Age 27		13	
Sex	Color or Race	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	B. F. Stokes	Father's Birthplace	Maine			
Mother's Maiden Name	Sarah Sloane	Mother's Birthplace	Ned			
Name of person giving information	Sarah Stokes	How related to deceased	Daughter			

CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	several years
Immediate	Purpure Hemorrhage	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	F. Alan E. Murray M.D.	
	Address	412 Saroye Ned	
Accident or Suicide?			



Name  
in  
Full

Mrs. Mary. Tritch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1904 15		26	76		
Sex	Color or Race	Whit	Birth-place	Martinsburg, W. Va	
Female			Martinsburg, W. Va		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Widow					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
John. W. Tritch	Son				

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary *griff* How long *2 weeks*

Immediate *griff* How long

Are the name, age, sex, color, date and place correctly given above?

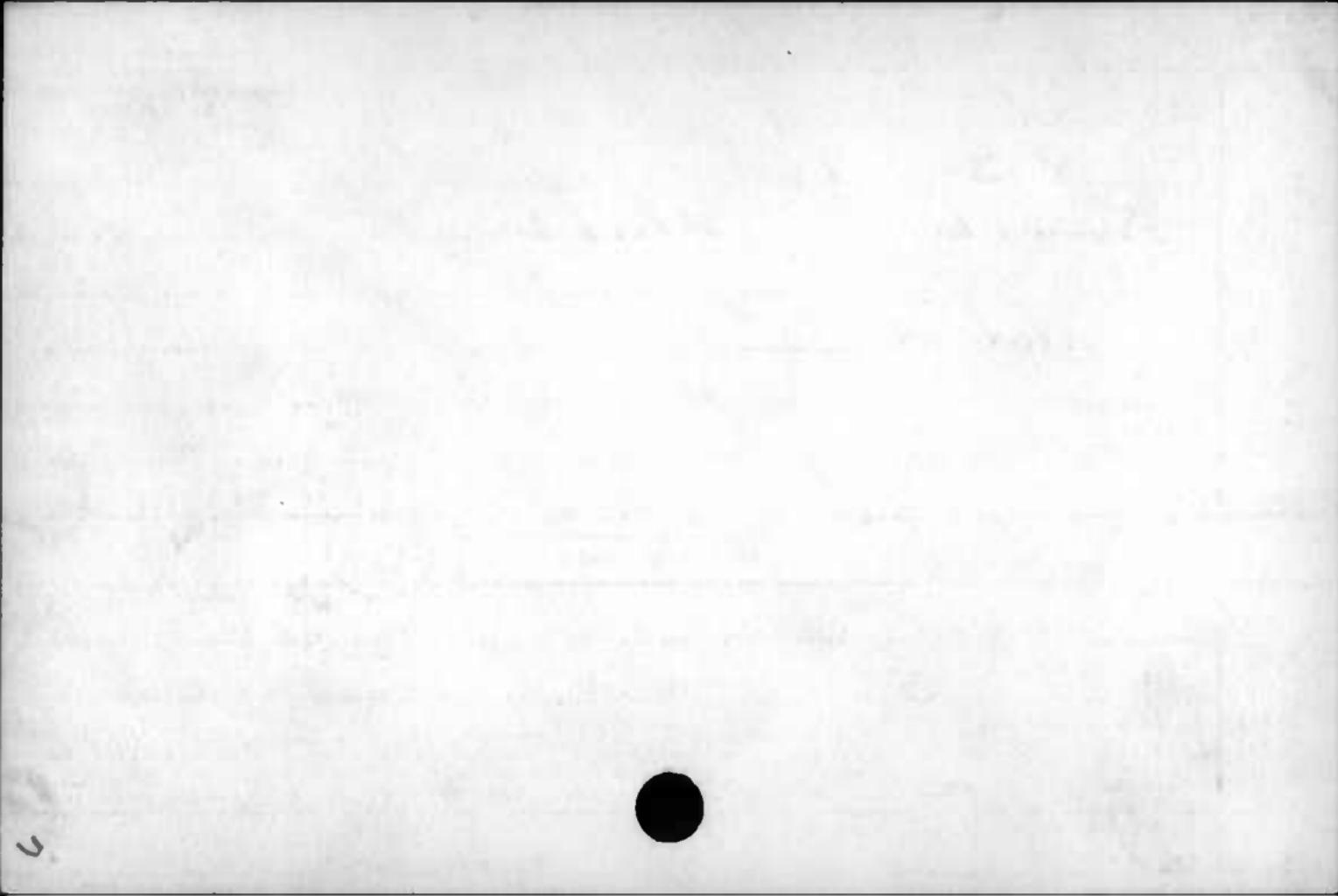
Signature of Physician

Address

*Frank R. Gandy*  
*Demolition Co.*

*H. Gandy*

Accident or Suicide?



Name  
in  
Full

Thelma Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Ethnicity	Birth-place	Place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Washington		Father's Birthplace	Md	
Mother's Maiden Name	Mollie Brumley		Mother's Birthplace	Md	
Name of person giving information	Thomas Washington		How related to deceased	Father	

CAUSES OF DEATH

93

How long

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Six days

Immediate

heart failure

four hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Physician's  
Office  
67 N. Wickham's  
Hancock

Yes

Accident or Suicide?

35 dawson st

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Williams

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Belvoirland Augaury

Date of death 1908 Month 11 Day 7 Years 61 Months — Days —

Sex Female Color or Race Black Birth-place Va

Occupation ~~Washwoman~~ Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Ward Collier Father's Birthplace Va

Mother's Maiden Name Bessie Williams Mother's Birthplace Va

Name of person giving Information Sager Rhodes How related to deceased Sis

CAUSES OF DEATH

43

Primary

Disease of Heart

2 yrs

Immediate

Cholera

2 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. F. Tandy

Belvoirland Va

Accident or Suicide?

